Inpatient Quality Reporting (IQR) Program

Hospital IQR Validation Program
HAI Validation Template Submission

Presentation Transcript

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Candace Jackson: Hello and welcome to the Hospital Inpatient Quality Reporting Program webinar on the *Hospital IQR Validation Program, HAI Validation Template Submission*. My name is Candace Jackson and I will be your host for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to our Inpatient website, www.qualityreportingcenter.com, within 10 business days. If you registered for this event, a reminder email as well as the slides was sent to your email about two hours ago. If you did not receive that email, you can download the slides at our Inpatient website, again that's www.qualityreportingcenter.com. And now, I would like to welcome our guest speaker, Rebecca King-Kaprich. Rebecca is a lead Health Informatics Solutions coordinator for the Hospital Inpatient, Value Incentives and Quality Reporting Center, Validation Support Contractor Team at Telligen. Rebecca has been supporting the Centers for Medicare

and Medicaid Services with validation for the past five years, and prior to that, as part of the Hospital IQR Program Team with the Quality Improvement Organization. She has served over 24 years as a registered nurse in various nursing positions, specializing in the operating room and cardiac care. Rebecca received her Bachelor of Art in Nursing from Luther College in Decorah, Iowa. Any questions that are not answered during our question and answer session at the end of the webinar will be posted to the qualityreportingcenter.com website within 10 business days, although we hope to get as many questions as we can in the last 10 to 15 minutes of the call. Thank you again to everyone for joining. Rebecca, the floor is yours.

Rebecca King-Kaprich: Thank you. The purpose of today's webinar is to educate and share information regarding the Fiscal Year 2018 Centers for Medicare and Medicaid Services, Hospital Inpatient Quality Reporting, or IQR Validation Program, in regard to Healthcare-Associated Infection Validation Template submissions.

The objectives of today's webinar are for participants to be able to: submit the Fiscal Year 2018 Hospital IQR Validation Template through the *QualityNet Secure Portal* Secure File Transfer Application, understand the deadlines and associated requirement activities relating to the Fiscal Year 2018 Hospital IQR validation Program, and to be able to avoid some common submission errors.

Assuring date accuracy is vital to the public reporting program, and for the IQR validation purpose is to be able to do this for Centers for Medicare and Medicaid Services or CMS, assesses the accuracy of chart-abstracted and Healthcare-Associated Infection data submitted to the Hospital Inpatient Quality Reporting Program through the validation process. CMS verifies on a quarterly basis that hospital-abstracted data submitted to the clinical warehouse for the clinical process of care measures and data submitted to the National Healthcare Safety Network, or NHSN, can be reproduced by a trained abstracter using a standardized protocol. Today, we're going to focus on the submission of HAI Validation Template to CMS and how the Validation Templates are used to select cases to be

validated each quarter. CMS performs a random and a targeted selection of Inpatient Prospective Payment System or IPPS Hospitals on an annual basis. The slide above shows the quarters for validation of fiscal year 2018, which are third quarter 15, fourth quarter 15, first quarter 16 and second quarter 16. Currently, 400 random providers are selected in the fall each year and up to 200 targeted providers in the spring. For fiscal year 2018, the 400 random providers were selected in November of 2015, and the 200 targeted providers were selected in May of 2016. The list of the selected providers has been posted on *QualityNet* on the hospital's Inpatient data validation page located on the right hand of the screen titled "Hospital-Selected for Inpatient Data Validation, Fiscal Year 2018." In a later slide, you'll see the link to that page. Hospitals, after selected, are notified by an email communication that they have been selected to be validated for IQR Validation. This communication gets sent to the following hospital contacts in the CMS system and they are the CEO, Quality Improvement, Medical Record, Hospital IQR, and Infection Control. The validation support contractor will send the communication directly to those hospitals selected for IQR data validation. Once those emails have been sent, notifying hospitals that they are selected to be validated, the validation support contractor will then monitor to assure that all hospitals have at least one contact-type notified. Any of the bounce-backs that we received are researched and an effort is made to update the hospital contact listed in the CMS system to assure that future notifications are received. Hospitals may submit changes to their validation contacts through the validation support contractor, and information on how to do this will be presented in a slide later in the presentation. In addition to notifying the hospitals selected for IQR validation, the rest of the community participating in the IPPS Program are also notified that selection has occurred. This is done in a few ways to attempt to reach as many hospitals participating in the program as possible. Additional communications are sent to the hospitals via ListServes, if they are signed up. There's also a news article that gets posted on *QualityNet,* and the list of selected providers again is posted on *QualityNet* in several locations. The random provider sample is identified at the beginning of the new validation cycle or quarters, and this is a

completely random sample. It can include hospitals that were selected to be validated in the previous fiscal year or years. And, the targeted provider samples identified after the confidence interval is calculated for the previous fiscal year; in this case, it would be fiscal year 2017. Once the confidence interval was calculated, hospitals were determined whether they were targeted or not and then notified. The criteria for targeting hospitals is outlined in the CMS final rule and there are seven criterions: CMS targets IQR hospital based on failure to meet validation requirements for a previous fiscal year, a lower-bound confidence interval less than or equal to 75 percent in the previous fiscal year, failure to report at least half of the Healthcare-Associated Infection events detected during the previous fiscal year to NHSN, rapidly changing data pattern, abnormal or conflicting data pattern, submission of data to NHSN after the IQR submission deadline, and hospitals that have not been validated in the previous three years.

The HAI measures for fiscal year 2018 are listed on the slide, and they are CLABSI, CAUTI, MRSA, CDI and SSI. Hospitals selected for fiscal year 2018 validation are required to provide two quarterly lists of positive cultures. Hospitals are randomly assigned to submit either the CAUTI and CLABSI Validation Templates or the 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 for the fiscal year they have been selected to be validated. All hospitals selected for fiscal year 2018 validation will be validated for Surgical Site Infection, or SSI. Data for the SSI sample selection comes from claims-based data submitted by hospitals to CMS for patients who had colon surgeries or abdominal hysterectomies. Hospitals do not submit Validation Templates for SSI.

This slide shows the quarter parameters and associated template submission deadlines for fiscal year 2018 for the randomly selected providers. Validation Templates are due no later than 11:59 p.m. Pacific Standard Time on each coordinating 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. And, again, the randomly-selected providers were notified of their selection in November of 2015.

This table shows the quarter parameters and associated template submission deadline for fiscal year 2018 targeted providers. The targeted providers were notified of their selection in May of 2016. And again, templates are due to CMS no later than 11:59 p.m. Pacific Standard Time on each coordinating deadline date.

CMS will accept the current Validation Template version only for each fiscal year. When a template version from a previous fiscal year is submitted, CMS will reject the template and the hospital will need to resubmit the correct template version. The correct versions of the template for the fiscal year being validated are available on *QualityNet,* and the link is provider here in the slide of where you would reference both. It would be by going to the data validation link under the Hospitals-Inpatient tab drop-down and then going to the [Resources link](#) on the left navigation pane. The Validation Templates are located in the center of the Resources Web page. Download the correct version of Validation Templates needed and save them to a location of choice on a computer. And, the best practice is to save the Validation Templates without any password and don't lock them. Files that are received by the validation support contractor with any password or that are locked will be rejected and corrected files will need to be resubmitted.

This slide shows how to name Validation Templates. So, to assist in processing the Validation Templates, save the file name with the six-digit CCN or Provider I.D., followed by an underscore and the quarter that you're submitting. The screenshot example shows how each file should be named.

Validation Template tabs are located at the bottom of each Validation Template. There are four, and they are: the definitions, the template, the NHSN location (and for CLABSI and CAUTI that would be NHSN ICU location), and the fiscal year 2018 submission instructions. Do not alter or

change the original format of the Validation Templates. Do not delete, rename or change the order of the tabs.

The Definitions tab in each Validation Template provides guidance for completing a template. It's recommended to review the tab prior to completing. A picture on the slide shows an example of the top of the CAUTI Validation Template, Definitions tab. This is where you can check to assure that the correct version of the Validation Template is being used. So here, you can see it shows Fiscal Year 2018 CAUTI Validation Template. The top sections of each Validation Template provide directions specific to the submission of that HAI type. The bottom half then of the definitions tab provides information specific to each field that they'll be filling out on the data Validation Template.

The hospital date must be entered on the Template tab. In this picture, you can see that the hospital renamed the Template tab to third quarter 15. Only the current quarter of data being submitted will be accepted on the Validation Template. So again, on this slide, another error, they've got third quarter 15 along with fourth quarter 15. If more than one quarter of data is submitted on the Validation Template, it will be rejected. Best practice is to leave all of the Template tabs as they were originally listed on the template.

NHSN Location tab for the CAUTI and the CLABSI Validation Template, there's an NHSN ICU location tab. For IQR data validation, CAUTI and CLABSI are only validated if the culture was done while the patient was in an ICU location as specified on this tab. For IQR Validation Locations outside of ICU are currently not being validated. This does not change what hospital are to report the NHSN reporting for other locations, the NHSN is still required. The MRSA and CDI Validation tabs have the NHSN Location tab. Only the NHSN Location tabs that are listed on the corresponding Validation Templates may be reported. Hospitals are not able to free text their own location, for example, listing "5 West" or "NICU 10" would not be accepted. Validation Templates received with NHSN Location other than those on the drop-down in the Validation Template will be rejected and the hospital will need to resubmit by the

submission deadline. If a hospital data mines the values on a template, the value must exactly match what is provided on the NHSN ICU Location or NHSN Location tab. This is a common error that we see, hospitals add their own values in this field instead of using the drop-downs provided causing an error email to be found, which we'll go over later in the presentation. If a hospital data mines values and hasn't used the exact naming conventions provided in the drop-down or on the NHSN Location tab of the template, this will cause errors.

The fourth tab of the template includes the Fiscal Year 18 Submission Instructions. This tab provides a step-by-step detail on how to submit Validation Templates using *QualityNet* Secure File Transfer. CMS will only accept Validation Templates submitted through the secure file transfer. This is because Validation Templates contain Protected Heath Information, or PHI, and therefore, they cannot be sent through email. Submitting PHI using email is a breach of patient information. Some hospitals do have their own types of secure email and these email systems are also not permissible for submitting Validation Templates.

Now, we'll talk about completing Validation Templates. You'll begin filling in the data on the first row just under the header of the Validation Template for each section, and the sections, they are: the hospital information section, the culture specimen information section, and the patient information section. And again, the Definitions tab of each Validation Template contains directions to follow in filling out each section of the Validation Templates.

One Validation Template is required for each quarter of data for each type of Validation Template assigned. When more than one quarter of data is submitted on the same Validation Template or when the format has been altered, the Validation Template will be rejected. So a Validation Template submitted like the one in this picture on the slide would be rejected. It's got both types of data, and it doesn't follow the original template format.

In the next few slides, we'll go over some more of filling out the Validation Template. When a hospital has no positive cultures or specimens to report for a quarter, only the Hospital Information Section, which has the light-blue-colored column at the top, on the first row of the template, should be completed, indicating that there were no positive cultures or specimens. This meets the submission requirement for the quarter. The example provided is for CLABSI Validation Template, and filling out the CAUTI, CDI or MRSA template would be completed in the same way.

Begin filling in the patient data in the first row of the template directly under the header. Don't leave the first row blank, and don't skip rows between patient data. Templates with blank or skipped rows will be rejected. Patients may have multiple rows on a template. There should be a row for each final positive culture.

After correctly entering dates in the MM/DD/YYYY format, Microsoft Excel often drops the leading zero from the single-digit months and days. For example, if you entered 01/01/2015, sometimes it would display as 1/1/2015. This is normal and acceptable for months and days; however, the year must always remain in the four-digit YYYY format. This slide example shows the correct formal for the Validation Template. Hospitals should not change this formatting.

All fields in columns with asterisks are required. When columns with an asterisk are left blank, the Validation Template will be rejected. An exception would be Patient Health Insurance Claim number, or HIC. When the patient does have a HIC, data entry in the field is required. However, when the patient does not have a HIC, leave that field blank. Don't enter anything in the field if the patient has no HIC, including none or N/A or not Medicare, et cetera. Entering anything other than a valid value will cause the template to be rejected. The Definitions tab of each Validation Template provides the definition of what is a valid value for the patient HIC, and that is seven to twelve character Medicare beneficiary number with no special characters, dashes, et cetera.

Some tips for avoiding submission errors. Verify that you have the correct fiscal year of Validation Template. Review the Definitions tab on each Validation Template for direction on filing out the specific fields. Use any drop-downs that may be provided in the templates to select valid values. Don't alter the original format of Validation Templates. Check all dates for accuracy. You can refer to the Validation Template User Guide that is posted on *QualityNet,* and we'll give you the information on where that's located later on in the presentation. Fill in all required fields. These are denoted with an asterisk.

If a Validation Template is submitted and errors are identified, an error email will be sent indicating the nature of the error or errors. Errors must be corrected and the Validation Template resubmitted by the submission deadline for the quarter. Validation Templates with errors are not considered to be successfully submitted.

On the next several slides, we'll go over some more commonly seen submission errors. This particular slide shows an example of a Validation Template that would be rejected due to required missing data. Here, you can see that the contact phone number, contact email, and the positive blood cultures yes/no fields are blank.

There are several fields on each Validation Template or drop-downs that are available to assist in selecting valid values, and you can review the Definitions tab of the template to see where these are included. Use these drop-downs whenever provided to avoid errors. We do see a common error with calendar quarter. And, this is what would happen, the picture on the slide, if a hospital would try and free text in a value other than what's in the drop-down. They would get this invalid entry here. The only way that you would be able to free text and get rid of that error would be to reformat the template, which should be a red flag, as reformatting a field should not be done.

There are two different examples on this slide of fairly common errors due to dates. The birth date, the future date, and the discharge date is before the admit date. These errors would cause the Validation Template to be

rejected. Best practice is to review all dates on each template for accuracy, looking for any future missing dates and verify that the admit date is before the discharge date.

The positive culture field on each Validation Template is an overall indicator for the entire Validation Template, so either there was one or more final positive cultures and "Yes" is indicated, or there were not any final positive cultures and "No" is indicated. If there's a "No' indicated on the Validation Template, the rest of it should be left blank, including any patient data with a "No" for positive cultures will cause the Validation Template to be rejected. We see hospitals listing this value per row, which is incorrect. It may be helpful to keep in mind, if a culture is not positive, it should not be listed on the Validation Template.

Some discharge date errors can occur. Admit date and discharge dates are required fields. If a patient had a final positive culture done in the quarter but is not discharged, do not leave the field blank; but, instead follow the guidance provided on the Definitions tab and indicate "Not Discharged" on the Validation Template. You can see both examples listed on the slide. The example on the left would cause the template to be rejected due to a blank discharge date. Whereas, the example on the right is correct and the hospital has listed "Not Discharged."

This slide shows some common errors that we see for Patient HIC. All three of the examples are incorrect ways to fill in a Patient HIC field. If a patient has no HIC, leave this field blank. This is the only exception to a field with an asterisk where it's acceptable for the field to be blank. You can see that in these examples, they've either listed N/A, there's a dash in the number, or the number is too long. Use no dashes, spaces or special characters. The length must not exceed twelve characters in the Patient HIC or be less than seven characters. This direction, again, is provided on the Definitions tab of each Validation Template.

Every final positive culture should be listed on its own row on the Validation Template. Refer to the Definitions tab for which sections of the Validation Template must be completed per row and which sections

may be completed one time for an episode of care. Fields that must be filled out on every row are the Patient HIC if applicable, patient identifier, birth date, NHSN location, lab I.D., culture date. These fields are color-coded on each different Validation Template type to assist in knowing what must be filled out per row versus per episode of care or once per Validation Template. In the example, on the left, in the slide, the patient identifier is different in the last row for this patient's episode of care and the required birth date is missing in two of the rows for the same episode of care, so this file would be rejected. The example on the right is correct. It shows the patient identifier matching for all rows for the same patient's episode of care and the birth date is filled in for each row.

NHSN Location errors are common. To avoid NHSN Location errors, use the drop-down provided in each Validation Template. The only acceptable values are those that are in the drop-down or on tab three of the Validation Template. Either the value in column A or the value in column C may be used, and the drop-down contains the values from column A. Column C on tab three of the template lists the CDC Location Codes. These are also acceptable to use, but are not provided in the drop-down. If a hospital is using data mining to complete this field, make sure that the data mine matches exactly what is on tab three of the template. For example, the MRSA Validation Template is selecting WellBaby Nursery Level I, the parenthesis and information included in them must match. In this second example on the slide, the hospital listed "5 West" as the NHSN Location, and this is not a valid value and would cause the Validation Template to be rejected.

Some general reminders prior to submitting Validation Templates, the Validation Templates contain PHI, or Protected Health Information, and cannot be submitted by email. Hospitals may not use their own secure email system to submit Validation Templates. The only acceptable method for submitting the templates is through the *QualityNet Secure Portal* Secure File Transfer Mailbox by a registered *QualityNet* user. And, it's strongly recommended that each hospital has two security administrators at all times to ensure the ability to upload Validation

Templates by the required submission deadline. Hospitals selected for
validation should identify early on it has the ability to log-in and submit
using secure file transfer, and also log-in periodically to make sure
passwords are current and that the hospital has access. Hospitals must
utilize the current Fiscal Year 2018 Validation Templates when populating
and submitting data. And, the Validation Template format cannot be
altered; don't delete, rename, or change the order of the worksheet tab.

Some additional reminders prior to submitting templates. After
downloading the Validation Templates, add in front of the file the hospital
six-digit CCN and corresponding quarter. You can leave the rest of the
file name as it was when you downloaded it. Utilize the Definitions tab on
the Validation Template for guidance when completing template fields
with the appropriate values and format. There's also a user guide located
on *QualityNet* for reference and slide 60 of the presentation has the
information about where to find the Validation Template User Guide, as
well as additional validation resources. When available, use the drop-
down list provided in the Validation Template column cells to assist with
populating data cells. Drop-down lists are provided in several fields, such
as calendar quarter and NHSN Location, and all fields containing drop-
downs are listed on the Definitions tab. It's recommended that prior to
submitting data, Validation Templates, that the hospital does quality check
on all populated templates. Also, to submit the templates well in advance
of the deadline. Errors are sometimes found when processing templates
and submitting them early may provide you a time to correct the errors
prior to the final deadline. If a patient is listed on both Validation
Templates being submitted, check to assure that birth date, admit date,
discharge date, all those corresponding patient information fields match
for the same episode of care. Look at cases submitted on each Validation
Template type. Have these cases been submitted to NHSN? Is there an
event type D for each of these cases? Do all the dates match to what was
reported to NHSN? The birth date, the admit date, culture date. If there
are discrepancies between what was reported to NHSN and what was
listed on the Validation Template, there may be mismatches. Only include
cases that are under the CCN that was selected for validation. If a patient

transfers to an Inpatient Rehab Facility, or IRF, within a hospital that has its own IRF CCN, which would have a letter in it, do not include these cases on the Validation Template submitted for IQR Validation to CMS. This will also cause a mismatch.

In the next few slides, we'll talk about uploading and submitting the Validation Templates to CMS. First, as you see on the slide, you'll navigate to *QualityNet* to the website, and you'll select the "Log-In" button located in the top banner. Then enter your User I.D., password and the VIP Access Security Code. At this point, if you are unable to log-in the system, contact your hospital's *QualityNet* Security Administrators to see if they can assist you. If your administrator is unable to reestablish your access, then you'll need to contact the *QualityNet* Help Desk and that information is here for you. It's recommended that hospitals identify early on, once they have been notified they were selected for IQR Validation, who has access to log in to *QualityNet* Secure File Transfer, and share that information with the Infection Control personnel and Medical Record personnel at your hospital. Trying to keep it up-to-date is also a best practice. At hospitals, we see that many times the staffs filling out the Validation Templates are not the ones who are actually tasked with submitting them to CMS; so, communicating all of that within your team is a best practice. Establish a process for submitting Validation Templates from the hospital to CMS, and review submission deadline and determine who will be responsible for submission and who will track them at the hospital. Keep track of the hospital of staffing changes, vacations, anything like that, that may come up, medical leaves. We've had hospitals where the only person who had access to submit is gone. So keep in track and being mindful in all of those things within your organization is the best practice. It's recommended to submit templates early as soon as data is ready so that any errors identified can be corrected prior to a quarterly submission deadline. Validation templates will not be accepted after a submission deadline.

Now, we'll start looking at some of the steps for actually submitting the templates through Secure File Transfer. Select the Secure File Transfer

link in the upper right corner of the *QualityNet Secure Portal* home screen.

It's important to note that you should not upload the templates through the Secure Transfer area that is in the section directly above the mailbox section. Templates must be uploaded through the mailbox area by selecting the Compose Mail button, you can see here on the slide the red X shows the incorrect or the area that you should not be using. Templates uploaded to the Secure Transfer area will not breach the Validation Support contractor. This is the area of Secure File Transfer where clinical cases that are tracked and uploaded as XML files. Validation templates submitted to this area will appear to be accepted but will not be received.

Select the compose mail button under the mailbox section on the secure file transfer screen, and select the To button.

On the user lookup screen, type "validation" in the group name field. Select the search button to display a list in the group's box. Next, select Validation Contractor in the group list, and then choose recipient box like Validation Contractor. And, it's important, do not select any one individual person from the recipient list, only select the Validation Contractor as the recipient. You will be sending to all individuals listed under the Validation Contractor group and individual accounts are not regularly monitored.

Select the Add button to add Validation Contractor to the selected recipients list, and select the OK button. All email addresses from the Validation group should now be populated on your two lines.

Select the Attach File button in the lower right of the composed mail tab. Browse to the location of the Validation Template and select the file. And, it's important to note, if you're sending more than one Validation Template file at the same time, you will need to attach each one separately or one at a time.

Populate the subject line of the message with the hospital's six digit CCN provider ID, submission quarter, and the template type. For example, the

subject would say possibly CCN 0 1 2 3 4 5, third quarter 2014, CLABSI and CAUTI Validation Templates. Add your name and phone number in the body of the message. Double check your templates are tabbed, and then select the Send button in the lower left of the Compose Mail tab.

It typically takes 10 or more minutes for messages to appear in the sent folder with the status of received. Please do not resend messages multiple times as this significantly delays processing and required version confirmation. To verify a message has been sent, click on the Sent link under the mailbox section of the secure file transfer screen. After allowing several minutes for transmission, a status of Received should be reflected. You may need to refresh several times for this to show up. Once the validation support contractor has received and downloaded your template for processing, you'll receive an email confirmation from the *QualityNet* Secure File System. This email will come from noreply@hcqis.org. This is not a monitored box. So, if you have questions, do not reply back to that, but instead, contact us at the validation@hcqis.org email box. After the file has been downloaded, it will be in queue for processing.

Feedback regarding the status of submitted Validation Templates is typically received within 48 hours of the initial submission. If a submitter does not receive a processing confirmation email, please include the hospital's six digit CCN or provider ID in an email addressed to validation@hcqis.org.

When a Validation Template is processed, the submitter of the template and the contact listed in the template's first row will receive confirmation receipt and/or error emails. The contact listed in the first row of the Validation Template would most typically be an infection prevention staff member. Best practice is to list the person in the first row of the Validation Template who can be reached by email and/or phone to answer any questions about the data submitted, including a direct phone number to this person is preferred. The Validation Support contractor will not share this information with anyone. The subject and the body of the email will address the type of template being submitted, as well as the

submission quarter for the Validation Template. There are several possible receipt email notifications that hospitals may receive, depending on the status of the Validation Template after processing.

Several types of email receipt notifications from their validation support contractor may be received. Successful submission or error notification listing errors found by row. This slide shows an example of a successful submission email. An email will be sent for each Validation Template type. So, if you only receive one email, for instance if you're selected to submit CAUTI and CLABSI, and you've only received the CAUTI successful submission email, please check with us on the status of the other required Validation Template type.

This is an example of an error notification. Validation templates with errors must be re-submitted by the submission deadline for the quarter. It's best practice to submit Validation Templates early to receive feedback. This allows for time to correct errors prior to the quarterly submission deadline. A Validation Template with an error is not marked as successfully processed and will not become as a successful submission for the quarter.

If a hospital does not submit the required quarterly Validation Template to CMS, they will be assigned placeholder cases. Up to 10 placeholder cases can be assigned and all will be scored 0 over 1. If a hospital submits a Validation Template and received an error notification email, but does not make corrections and re-submit the Validation Template with the errors corrected, placeholder cases will also be assigned and scored 0 over 1. This will negatively affect the quarterly validation score for your hospital.

A hospital submitting a Validation Template with processing errors will receive an email notification, you can refer to slide 49, that includes the errors to be corrected. Make any of the correction specified in the email and re-submit the file by the submission deadline. Only re-submit a Validation Template when a notification was received indicating there are errors. The hospital may also determine that there are errors in reviewing their own template in which case they may want to re-submit a template.

That's fine. You can do that up until the submission deadline if you need to. When re-submitted a revised Validation Template, please include a note in the *QualityNet Secure Portal* upload that a revised template is being submitted; and, also include either "revised" or "re-submitted" in the file name as shown here on the slide.

The validation support contractor performs some discrepancy checks on the Validation Templates to assist hospitals when submitting accurate data. If the hospital receives an email from the validation support contractor asking for a review of a Validation Template due to a possible discrepancy, please reply to the email either indicating that a new Validation Template has been or will be submitted, or that the data is accurate as submitted and no changes are needed.

Some ways for hospitals to look for discrepancies prior to submitting templates are to review dates for accuracy and correct format, since date errors are common. Verify the calendar quarter is the correct one to submit and that the dates included on the template are for that quarter. Compare the two Validation Templates being submitted. If the same patient is listed on both templates for the same episode of care, ensure that all the patient data and dates match. Unless the patient was admitted for multiple episodes of care the fields should match. If the same patient is listed on a Validation Template on multiple rows due to more than one positive final culture, assure the data for each row for the same episode of care matches.

Watch for leading zeroes on patient identifiers. If they're included on the one row, they should be on all rows for the same patient. Verify that culture dates listed on the CAUTI and CLABSI Validation Templates fall between the admit and discharge date and were done while the patient was in the ICU. Cultures done while on locations other than ICU should not be included for CAUTI and CLABSI. For MRSA and CDI Validation Templates, if listing cultures done in the ED or 24 hour observation locations, verify that the patient was then admitted to an Inpatient location. If a patient had positive culture that was taken while in the ED or 24 hour observation and was not admitted to Inpatient, do not include these

cultures on the Validation Template. Cases where a patient was not admitted to an Inpatient will be mismatches. The hospital IQR data validation program does not validate cases that occurred in Outpatient locations.

The next two slides provide some tips in the submission of the Validation Template. Perform QA on the Validation Templates prior to submitting. Refer to the discrepancy check slides of the presentation. Once a Validation Template has been submitted and the submission deadline has passed, the information submitted cannot be changed. The Validation Templates are used to select cases for validations. So, if the information on the Validation Template is incorrect, and does not match the episode of care or medical record when it's requested, the case will more than likely be a mismatch. If a hospital discovers while getting ready to submit their medical record to CDAC for the abstraction that errors were made in reporting a case to CMS, changes will not be able to be made at that point. Only include final positive cultures done under the CCN that has been selected for IQR Validation in the Validation Template. If a hospital has multiple locations with the same CCN, only one Validation Template per HAI measure is to be submitted, including all final positive cultures from both of those locations for that CCN. Hospitals can have multiple NHSN facility IDs, and those would be included on one template as well. Some IRF facilities have separate CCNs assigned to them with the letter in the number, including these final positive cultures on the Validation Template, will result in a mismatch. The hospital IQR Validation Program does not include these locations. Be mindful the data that was submitted to NHSN for each episode of care included on the Validation Template being submitted. Not all cases reported to NHSN will be included on the Validation Templates. Please follow NHSN instructions or trainings for reporting of cases that you've received. An example would be a CAUTI or CLABSI case done outside of the ICU. This would not be included on the Validation Template because at this time, CMS is only validating CAUTI and CLABSI for ICU locations as listed on the Validation Template. However, you would need to report those as instructed to NHSN. Check to see that episodes of care reported on the

Validation Template match what was reported to NHSN for the same patient episode of care. Paying attention to the birth dates and admit dates. These should match. Having dates listed differently on the template than were reported to NHSN can cause mismatches. For the CDI and MRSA cases, if an admit date does not match what was reported to NHSN, a mismatch can occur when a case is being classified as community onset versus hospital onset based on the culture date.

Check to see that there is an NHSN event ID for every case reported on the Validation Template. CMS checks with NHSN for any cases selected for validation to see what hospitals have reported. So, if a case was not reported to NHSN and has no events ID, but was reported on a Validation Template and was selected for validation and to see that finds an event, the case would be a mismatch. Only include final positive cultures if a patient ended up being admitted to an Inpatient location. The hospital IQR Program does not validate Outpatient locations. So, if a patient had a culture done in the ED or 24 hour observation location, it should be included on the MRSA or CDI Validation Template only if the patient ended up being admitted. Cultures included that resulted in no admission to an Inpatient location as listed on the NHSN Location on the Validation Templates will be mismatches. Submit Validation Templates early. The best practice is to keep track of cultures throughout the quarter, if possible, and do QA on the completed list and then submit to CMS. We are able to accept the Validation Templates as soon as the quarter is over. This allows for time for any error corrections or discrepancy corrections that may need to be made. Fix any errors noted as soon as possible and re-submit the Validation Templates. Each hospital selected for validation should always have two individuals with working *QualityNet* accounts. Check to see that each person with an account can log in and access the secure file transfer portion of *QualityNet*. You can send us a test file to go through the submission steps, if you'd like, indicating that it is a test file. We will respond back that we have received your message. Waiting until the last two days of a submission time period is not advised. *QualityNet* can be slower. You can have errors with logging in. If there are difficulties with using *QualityNet*, they may not be able to be resolved to

meet the submission deadline. The Validation Support contractor can troubleshoot and walk you through submitting Validation Templates, but we do not have the ability to reset passwords or set up accounts of view problems with *QualityNet*. If you are having trouble with the *QualityNet* account and are not able to submit, you will need to contact the *QualityNet* Help Desk to open a Help Desk ticket. And, it's recommended that you retain the Help Desk ticket number. The *QualityNet* Help Desk information is included on the last side of the presentation for you.

Validation Templates are not validated but are used to select cases to be validated each quarter. CMS performs a random sample selection of cases from each of the Validation Template type submitted per hospital being validated. And again, SSI cases are randomly selected from cases to submit to CMS through Medicare claims-based data for colon surgeries of abdominal hysterectomy surgeries. Hospitals do not submit Validation Templates for SSI cases. And, after a submission deadline has passed for a quarter, data submitted on a Validation Template cannot be changed. That's why it's important to do those quality assurance checks prior to submitting.

This slide shows the breakdown of how HAI cases are sampled. CMS will validate up to 10 candidate HAI cases total per quarter per hospital. Hospitals may have less than 10 cases. CMS will select for validation up to four candidate HAI cases from each of the assigned Validation Templates. CMS will also select up to two candidate SSI cases from the Medicare claims data for patients who had colon surgeries or abdominal hysterectomies. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select candidate cases from other infection type to meet sample size targets, if possible.

Keeping the hospital contacts up to date is necessary to ensure submission deadline email reminders reach appropriate staff at your hospital. Validation templates not received by the submission deadline will not be accepted. The following contact types will receive validation related notification: CEO medical record, hospital IQR, quality improvement, and

infection prevention. Hospitals may check to what's listed under these contact types or make updates by sending an email with their six digit CNN or provider ID to validation@hcqis.org.

Validation resources are available on *QualityNet,* including the validation fact sheet for fiscal year 2018, as well as the HAI abstraction manuals and tool display documents. The direct link is provided on the slide to access these and other resources. To check the status of the Validation Template submission, send a request to the validation support contractor by email. That email address is also included for you. Again, include the six digit CCN or provider ID in the subject and/or body of the email to ensure timely and accurate response. For systems with *QualityNet*, contact the *QualityNet* Help Desk. The validation support contractor is not able to assist with *QualityNet* access or password issues.

There are several ways to submit questions to the Validation Support Contractor. Questions may be submitted to the Validation Support Contractor using the CMS Question and Answer Tool found at the following link on *QualityNet*, or by emailing the validation support contractor. Include the hospital six digit CCN or provider ID number when submitting a question, whether in the CMS Question and Answer Tool or directly to the validation support contractor email. This will help us expedite a reply with information that's specific to your hospital. I'll turn the floor back over to Candace now. Thank you.

Candace Jackson: Thank you, Rebecca. And thank you again for presenting this most useful information regarding the Validation Template. We do have time for about five to ten minutes to take in some questions that were submitted during the presentation before we end the call today. Our first question: if there is a grammatical or typographical error on the Validation Template by the hospital, will it result in a formal mismatch during CMS validation review?

Rebecca King-Kaprich: I think, Candace, for this question, we should probably get some more specific information as to what the submitter is asking. I can attempt to answer now. If you had incorrect dates, as I had mentioned throughout the

presentation, those definitely could cause mismatches. But, for instance if a patient name was spelled incorrectly, that would not cause a mismatch. The patient name is not actually a required field on the Validation Templates. It is helpful at times for the CDAC when they're matching up a record that's been requested, but it is not one that would cause a mismatch.

Candace Jackson: OK. Thank you, Rebecca. Our next question: can you explain admission dates further? Is it the ADM date, or the date the patient is actually in the vet, in the nursing area whether it be in observation status or Inpatient status, the date we use or NHSN? What if the patient was in a rehab unit in your facility? Do we include the date for the rehab admission when later the patient is admitted to acute side in the ICU and has a positive culture, or is the date …

Rebecca King-Kaprich: That one seems like it's a pretty complex question as well, Candace. I think that one would best be handled, if we could read it and respond in writing with the questions submitted.

Candace Jackson: OK, thank you. Next question: for SSI claims data, we have a June colon surgery incorrectly coded for May. HIM will not amend the record to reflect the correct date. Should we report this as a May or June surgical procedure?

Rebecca King-Kaprich: You would want to check with your billing department on that and work with them as to how to submit that to CMS.

Candace Jackson: Our next question: how is Inpatient designation designed? Is this the billing patient type? Also, what should we use as the admit date, date of arrival to the facility, or the date admitted as an Inpatient?

Rebecca King-Kaprich: That one I think too, it would be best handled, Candace, if we could reply in writing to that so we could better understand the question.

Candace Jackson: OK. Next question: what is a placeholder case?

Rebecca King-Kaprich: So, that would be a case where because you did not submit a Validation Template, one would be assigned without a patient name, because a template didn't get assigned to you, and it would be scored as a zero. That is basically a penalty for not completing a required submission of a Validation Template for the quarter.

Candace Jackson: Thank you, Rebecca. Our next question: if you only have ED cases for MRSA and CDI that are not admitted, would you enter a zero on the template submitted?

Rebecca King-Kaprich: No, you would just go ahead and say "No" in that first row of the template; that was back on an early in the presentation, and fill in the contact information for the person submitting the template, and leave the patient information section blank.

Candace Jackson: And this seems to be a question that was asked quite frequently in the chat box: how do we know if we are selected for validation?

Rebecca King-Kaprich: Your hospital would receive direct notification from CMS letting you know that you have been selected as either a random or a targeted provider. That would come to several folks at your hospital: the CEO, the hospital IQR, infection prevention, the quality person, and medical records would all receive that email notification. You may also view the hospital selected for Inpatient data validation list, which is posted in several locations on *QualityNet*. And, that lists all the hospital for fiscal year 2018 that are currently being validated.

Candace Jackson: Next question: would fiscal year 2018 targeted selection for HAI measures automatically include process of care case selection as well?

Rebecca King-Kaprich: Yes, all hospitals that are selected for validation are validated for both the clinical process of care measures, as well as the HAI measures. Our path today was just focusing primarily on the HAI Validation Templates and then how to submit those. But yes, it includes both clinical process of care and HAI.

Candace Jackson: OK. Next question: for clarification, if there was a CLABSI on a Med-Surg unit, it would not be recorded, correct? Only ICU CLABSIs to be reported is my understanding.

Rebecca King-Kaprich: That is correct. A patient should be in the ICU locations that are on the Validation Templates for CAUTI and CLABSI at the time that a culture is run or collected. And then, those would be the only ones that are submitted. That is correct.

Candace Jackson: OK. Next question: should cultures with a result of yeast be included?

Rebecca King-Kaprich: Any final positive cultures are included at this point. I know that with the NHSN list of the pathogens, as long as – for CLABSI, if you follow what are on the pathogen list, those are the only acceptable ones that are – I shouldn't say acceptable ones, those are the ones that they're looking at this time. You may list one with yeast. And if so, the CDAC would review that, and they would determine whether or not it was a final positive culture. There have been some changes with yeast, and those are also outlined in the HAI instruction manuals, which are posted on *QualityNet*.

Candace Jackson: If the patient is admitted as Inpatient and dies within 24 hours, do I still need to include this in the report?

Rebecca King-Kaprich: If a patient if admitted and an Inpatient dies within 24 hours, and they had a final positive culture done while they were considered to be at an admit status, yes, you would include that on the Validation Template.

Candace Jackson: If a patient is admitted Inpatient and leaves less than 24 hours AMA, do I include this in the report for positive MRSA?

Rebecca King-Kaprich: The same would be true in this instance. If the patient was admitted and a culture was done and it turns out to be a final positive culture, yes, that would be included.

Candace Jackson: I would have time for just one more question. Please confirm: validation Templates may be submitted as soon as the quarter has ended?

Rebecca King-Kaprich: Yes, that's correct.

Candace Jackson: Thank you again, Rebecca, for providing us useful information. I will now turn the presentation over to Deb Price to go over the Continuing Education process.

Deb Price: Well, thank you, Candace. And now I'd like to go over continuing education. Today's webinar has been approved for one Continuing Education Credit by the boards listed on this slide.

I'm going to be moving quite quickly through these slides, so if you plan to get credit, please take a moment to review them carefully. We now have two ways to get your certificates. If you're listening to the event and you registered, at the end of my slide, a survey will pop up and that's how you're going to get your certificates. If, however, you're in a room with someone else, within 48 hours we will be sending another survey out. Please send that survey to whoever else is in the room with you.

If you have any problems getting your certificate, in other words, if you do not immediately get a response to your email, that means that there's some kind of a firewall up that is stopping our link. So, what we're going to ask is that, if you don't immediately get the response, wait for that 48 hour survey and go into the message that comes out and click on a new user link that would be sent within that message. When you get the new user link, please take click on it – please click on the link and register a personal email because it appears that most hospitals have firewalls that are continuing to come up and down.

And so, it's easier for you to register as a personal, you know – registered personal email. So, this is what your survey will look like, as soon as my last slide pops up. And, you notice in the bottom right hand corner is the word done.

Click the word done and this page pops up, there are two links on this page, new user link, that's if you have been having problems getting your certificate. Or, if you have not gotten one yet, you click on new user. If however you have not had any problem, click on the existing user link.

This is where the new user link takes you. You have the first name, last name. Please register your personal email and your personal phone number, so they are separate from whatever registration you have had in the past and our database would recognize this as a new email.

This is what the existing user – yes, the existing user popup looks like. Your user name is the complete email address including what's after the @ sign in your email. And ,of course, whatever task where you registered with. If you don't remember your password, just click on that box password, and it will allow you to register a new password.

And now I'd like to thank everyone for attending our webinar. We hope that you've learned something. And we'd like you to enjoy the rest of your day. We will be getting to any questions that have not been answered within the next 10 days. Please watch out on our qualityreportingcenter.com website for the answers to your questions. And have a great day. Thank you.