



Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

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December 18, 2017

2 p.m. ET

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Candace Jackson: Hello, and welcome to the Hospital IQR Program's Hospital IQR Program Fiscal Year 2020 Chart-Abstracted Validation - Overview for Randomly Selected Hospitals webinar. My name is Candace Jackson and I am the Hospital Inpatient Quality Reporting Program, Support Contract Lead from the Hospital Inpatient Values Incentives and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin I would like to make a few announcements. This program is being recorded. A transcript of the presentation and the question and answers will be posted to the inpatient website, www.qualityreportingcenter.com in the future. If you have registered for this event, a reminder email and the slides were sent out to your email address about two hours ago. If you did not receive that email, you can download the slides at the inpatient website. And again that's www.qualityreportingcenter.com. If you have a question, as we move through the webinar, please type your question into the chat window with the slide number associated to your question at the beginning. As time allows we will have a short answer and question session at the conclusion of the webinar. Applicable questions that are not answered during the question and answer session will be posted to the qualityreportingcenter.com website in the upcoming weeks. I would like to now welcome and introduce our guest speaker for today, Alex Feilmeier. Alex has a Bachelor of Science in Healthcare Administration with an emphasis in Pre-Medicine, as well as a Master of Healthcare Administration obtained from Des Moines University Osteopathic Medical Center. Alex has been with Telligen since 2013 and has been involved with CMS under the Hospital Inpatient Quality Reporting Program for over four years. He has also worked with Hospital Public Reporting Program, as well as a Comprehensive Primary Care Initiative under the CMS Innovation Center. Alex has functioned alongside the Validation Team for the majority of his time with Telligen and he and the rest of the Validation team, bring a vast capacity of program knowledge to the table. I would now like to turn the presentation over to Alex. 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 and Medicaid Services, Hospital Inpatient Quality Reporting Program chart-abstracted data validation process for fiscal year 2020. Please note that this webinar 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 2020 Hospital IQR Chart-Abstracted Data Validation Program process as a whole.

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- Identify the deadlines and associated required activities relating to data validation for fiscal year 2020.
- Submit fiscal year 2020 healthcare-associated infection validation templates, through the *QualityNet Secure Portal*, Secure File Transfer application.
- Submit medical records requested by the Clinical Data Abstraction Center and
- Receive and interpret validation results

CMS assesses the accuracy of chart-abstracted and HAI data submitted to the Hospital IQR program throughout the validation process. CMS verifies on a quarterly basis the hospital-abstracted data submitted to the clinical warehouse and the 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 Perspective Payment System (IPPS) hospitals on an annual basis. Currently, up to 400 hospitals are randomly selected in the fall, and up to 200 additional targeted hospitals are selected in the spring.

IQR fiscal year 2020 chart-abstracted data validation consists of the following quarters:

- Third quarter 2017
- Fourth quarter 2017
- First quarter 2018 and
- Second quarter 2018

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 fiscal year are: Emergency Department, Immunization, Venous Thromboembolism and Sepsis. The clinical process of care measures to be validated in each quarter of fiscal year 2020 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 (LabID) Events, *Clostridium difficile* Infection (CDI) LabID Events, or Surgical Site Infection (SSI). All hospitals are selected and required to provide two quarterly 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

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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 of templates, but rather will come from claims-based data submitted by hospitals to CMS for patients who had colon surgeries or abdominal hysterectomies. CMS will select up to two candidate HAI cases.

This year the 400 random hospitals were selected in December of 2017 and the 200 targeted hospitals are anticipated to be selected in April or May of 2018. The targeted hospital selection is identified after the confidence intervals are calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS final rule.

A list of the selected hospitals is available on *QualityNet* by hovering over the Hospitals Inpatient drop-down and selecting Data Validation, [Chart-Abstracted Data and eCQM] link, followed by selecting the Chart-Abstracted Data Validation Program. The list is located in the blue side bar towards the top of the page under header, Hospitals Selected for Inpatient Chart-Abstracted Data Validation. The 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.

Annually for both the random and targeted provider selections:

- A news article, along with a list of selected providers, 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 those 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 data base:

- CEO
- Hospital IQR
- Infection Control
- Medical Records and
- Quality Improvement

The Validation Support Contractor monitors email communications to assure that all hospitals are notified of selection. Any emails that bounce back are researched, and the hospital contacts are asked to be updated in the CMS system to ensure that all future notifications are received.

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Keeping hospital contacts up-to-date is necessary to ensure validation related communications and submission deadline email reminders reach appropriate staff at your hospital. Hospitals may check who is listed and make updates to their contacts by sending an email with their six digit CMS Certification Number, (CCN/Provider ID) to the Hospital Inpatient Support Contractor at the email indicated on this slide.

The next four slides should help provide a high-level general overview of the validation process. More specific information will follow. To begin, hospitals will start the process by filling out validation templates for the types for which they have been selected. And then submit the templates to the Validation Contractor via the *QualityNet Secure Portal* Secure Transfer application. The template contains Protected Health Information (PHI) and may only be using the *QualityNet Security 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're unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* administrator. If you're Security Administrator is unable to re-establish your access contact the *Quality* 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 in case listings. It typically takes 10 or more days after the quarter submission deadline for this sample of cases to be selected and sent out. The case selection lists hospitals received from the CDAC will contain requests for clinical processes of care measures and HAI measures, including SSI, to be validated. The hospital has until the date listed on the quarter's request to send the records to the CDAC. The CDAC then re-abstracts and adjudicates the selected cases.

It typical 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 educational review forms must 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 are being notified of their validation pass or fail status. For fiscal year

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2020, this is anticipated to be April or May 2019. To determine the pass or fail status, CMS calculates a total score reflecting the 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 Reports which determines validation pass or fail status. If the upper bound of the confidence interval is 75% or higher, the hospital will pass the hospital IQR Program validation requirement. Once fiscal year 2019 has concluded, a detailed fiscal year 2020 confidence interval document will be posted on the Chart-Abstracted Data Validation - Resources page of *QualityNet*.

This slide shows the discharge quarters and associated HAI validation template deadlines for fiscal year 2020 randomly selected hospitals that were notified of selection in December of 2017. 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. One template is required for each quarter of data for each type of validation template assigned. Please note, for the randomly selected hospitals, templates are due before the IQR clinical warehouse submission deadlines and the NHSN submission deadlines for each quarter. For fiscal year 2020, targeted hospitals have not yet been selected. For the entire validation fiscal year, hospitals selected randomly in December 2017 should follow the deadlines associated with random 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 re-submit the correct template version. The correct most recent versions 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 templates needed and save to a location of choice on a 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 on each validation template. The tabs are as follows:

- a [Definitions] tab, which provides direction specific to the submission of the templates HAI type
- the [Template] tab, where hospitals enter their data
- and an [NHSN Location] or [NHSN ICU Location] tab, depending on the template type, which lists all acceptable locations for the respective HAI time

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- and the [Fiscal Year 20 Submissions Instructions] tab, which provides a step by step detail on how to submit validation templates using the *QualityNet Secure Portal* Secure File Transfer application.

Do not alter or change any of the original format of the validation templates. 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 templates submission errors are as follows:

- Refer to the Fiscal Year 2020 Validation Template User Guide and Submission Instructions document posted on the *QualityNet* Chart-Abstracted Data Validation - Resources page. 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 for each validation template for direction on filling out specific fields.
- Fill in all required fields denoted with an asterisk.
- Use the drop-downs provided in the template to select valid values.
- Check all data 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 template completion 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 data entered into 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 this template.

Feedback regarding the status of validation template 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 addressed to Validation@HCQIS.org. After validation templates have been processed, the submitter of the

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template, and the contact listed in the template's first row, will receive a confirmation email indicating one of two things:

- 1) Successful submission; or
- 2) Errors have occurred that require your attention and resubmission.

A hospital submitting a validation template with processing errors will receive an email notification which includes 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 error emails 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 your 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.

At pre-determined 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 a hospital does not submit their 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 0/1. If a hospital submits a validation template and receives an error notification email, but does not make corrections and resubmit by the template deadline, placeholder cases will be assigned and scored 0/1.

The Validation Support Contractor performs some courtesy checks on the validation templates to assist hospitals with submitting accurate data. The validation templates are used to randomly select cases for validation. If the 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 for care.

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- 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 in the same episode of care.

Validation templates are not validated. They're used to select HAI cases to be validated each quarter. CMS performs a random selection of cases submitted from the validation template type submitted per hospital being validated. Remember there are not validation templates for SSI cases. After a validation template submission deadline has passed, data submitted on the validation templates 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 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 SSI cases from Medicare claims data for patients that had colon surgeries or abdominal hysterectomies which appear to be 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 target size. Requests identified from the 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 Fed-Ex to submit a patient medical record for each case and candidate case that CMS selected for validation. It is important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. **Important note:** The medical records requests will be delivered to the address listed under the Medical Records contact type in the official CMS data base. Hospitals may check the address or 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.

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 the reports can take several 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 the Run Reports tab
- Under Report Program, select IQR

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- Under Report Categories, 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. 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 hospital medical staff, independent copying services, etc.; 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 are most familiar with the location of the information needed for abstraction. This is especially important if printing records from an Electronic Health Record to ensure all necessary information is present.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient medical 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 CDAC, can be found on the *QualityNet* webpage 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 [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 records submission errors to the CDAC.

There are three different quarterly validation reports available to be run through the *QualityNet Secure Portal*. The three quarterly validation reports are:

- The Case Selection Report,
- The Validation Summary Report, and

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- 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 the medical records request packets sent by the CDAC. The Validation Summary Report provides a high-level summary of the validation-reliability rate for each abstracted case. This report becomes available after the hospital receives the 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 the hospital's cases selected for validation each quarter, including all patient identifiers. This report becomes available after the CDAC mails the records request packet. This report also displays the medical records request date, the due to CDAC date, and each record received date. The record receive 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@HCOIS.org or by phone at (717) 718-1230, ext. 201.

A Validation Summary Report lists each 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 and the associated educational comments from the CDAC are displayed in red font.

Within 30 days of validation results being posted on the My Report 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 tab drop-down, 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].

For the fiscal year 2020 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

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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 the 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 will still have the opportunity to request an educational review within 30 days of receiving the results.

One other validation related report, the Confidence Interval Report, becomes available after all quarterly results for the fiscal year have been completed and the confidence interval has been calculated based on the cumulative results. To pass validation, the hospital must have received equal to or greater than a 75% upper bound confidence interval score. If a hospital does not meet the overall validation requirement, the hospital will not receive full APU. Once fiscal year 2019 has concluded, a detailed fiscal year 2020 confidence interval document will be posted on the Chart-Abstracted 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 the APU. At that time, the 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 *QualityNet* by selecting [Hospital Inpatient Quality Reporting Program] from the Hospital-Inpatient tab drop-down and then selecting APU Reconsiderations from the left-side navigation pane. A direct link is provided on this slide.

Validation resources are available on *QualityNet*. To access select [Data Validation Chart Abstracted and eQIM] link from the Hospital-Inpatient drop-down followed by selecting the [Chart Abstracted Data Validation Program]. From the navigation bar on the left-side Chart-Abstracted Data Validation - Overview page, select [Resources]. A direct link is provided on this slide. For assistance with *QualityNet* including logging in, contact the *QualityNet* Help Desk. The information is provided on this slide.

Questions may be submitted to the Validation Support Contractor using the CMS Question and Answer Tool on *QualityNet* or by directly emailing the Validation Support Contractor. Direct links to both 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 six digit CCN/Provider ID. This will expedite a reply with information specific to your hospital. And that's all I have. I'm sending it back to you Candace.

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Candace Jackson: Thank you Alex. That was a lot of great information. We do have time for a brief question and answer session. Again, we will probably not get to all of your questions, so please be reminded that if your question is not responded to today, that all the questions and responses will be posted to the *Quality Reporting Center* website at a later date. So, we will go ahead and get started with our Q&A session. Our first question is: When are we getting these records to pull? CMS will validate up to eight clinical cases and up to 10 candidate HAI cases per quarter. Your hospital will receive written quarterly medical record requests from the Clinical Data Abstraction Center as a CMS contractor. Medical records are due to the CDAC within 30 days of the request. We really appreciate your support thank you. So basically, when are we getting these records to pull?

Alex Feilmeier: So, if the question is when will the medical records request packet be sent to the hospital? That is typically within 10 days after the submission deadline for each respective quarter. So, if you want to look at the slide, I believe 21, it shows the template deadlines and approximately 10-15 days after those deadlines each quarter, the medical records request will be sent out to each hospital.

Candace Jackson: Okay. Thank you, Alex. And our next question: When will the Validation Summary Report be available for Quarter 1, 2017 data results?

Alex Feilmeier: First quarter 2017 is involved in fiscal year '19, which isn't what this webinar is about but 1st quarter '17 results are posting currently for some of the providers. You should be receiving those results within the next several weeks.

Candace Jackson: Okay. And the next question: My facility will be switching to a different software vendor during the validation period. During one of the quarters, there will charts from two different EHRs. What is the best to notify CDAC of this situation?

Alex Feilmeier: I don't think there's a particular way that you should be notifying CDAC. I think the best way to ensure that all the problems are worked out on your side, is to review all of the records that you submit to the CDAC prior to sending them and we would strongly suggest you have a trained abstractor at your facility review those records after they've been printed or turned into PDFs. That way the abstractor can determine if all of the information is present.

Candace Jackson: Okay. Thank you, Alex. Our next question: Question slide 43. Why does the inpatient program have a confidence interval report released, but there is not one for the Outpatient Program?

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Alex Feilmeier: That's a great question and timing is about perfect for that one because there is an outpatient confidence interval document that will be posted, I would say within the next couple of weeks. That will be up online for the Chart-Abstracted Outpatient Data Validation Page Resources.

Candace Jackson: And our next question: Why are some hospitals chosen for validation two and three years in a row?

Alex Feilmeier: That is possible for a hospital to be selected in consecutive years, whether that be randomly or targeted. If a hospital is chosen randomly for multiple years in a row, it is simply because they were randomly chosen for multiple years in a row. That said, hospitals could also be a mixture of randomly selected, as well as targeted based on their performance in the previous years.

Candace Jackson: Okay. Next question: Is there a deadline for filling out the template and submitting them through QNet Secure File Transfer?

Alex Feilmeier: Yes, there is a deadline. There's a deadline for every quarter. So, on slide 21, there's a deadline listed for each of the quarters – 3rd quarter '17, 4th quarter '17, 1st quarter '18 and 2nd quarter '18.

Candace Jackson: Okay. And our next question: What is an educational review request? Can you please go over the process?

Alex Feilmeier: Yes absolutely. An educational review is something that occurs when a hospital receives their results for a quarter and they have questions about those results. That can either just completely ask a question that they would like answered, but it could also be if a provider does not agree with the result they received and they believe they were incorrectly validated. If that's the case, then a hospital is able to submit an Educational Review form and those forms can be found on the Educational Reviews page of the Chart-Abstracted Data Validation *QualityNet* pages. And after a hospital submits that Educational Review form, someone at the Validation Support Contractor will work through everything that you submitted based on your rationale and provide you with an answer to your question or possibly even an agreement with you. Beginning with this year, hospitals that submit an Educational Review, and if the determination is made that the hospital was correct, that score will impact their confidence interval at the end of the year. Whereas in past years, the Educational Review Request did not change their scores.

Candace Jackson: Okay. Thank you, Alex, and our next question: You said at least 10 days before we receive the medical record request. What is the max time? For example, if we don't receive the medical record request by "X" days after February 1st, we should start hunting. What is "X"?

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- Alex Feilmeier:** That's a good question and I don't have a specific answer for you as to what "X" really would be in that situation. The 10 days - 10 to 15, is an approximation and it's typical for that to occur within that timeframe. However, there are things that occur throughout quarters, whether they be deadline extensions or other things that may cause that to be delayed. If you have ever questions about whether you have received a medical records request packet, and maybe after a 10 or 15 days haven't seen that yet, feel free to reach out to either us at the Validation Support Contractor or the CDAC to make sure that that packet was sent to you. And both of the contact addresses for the Validation Support Contractor and the CDAC contractor can be found on the Resources page of this webinar is which is slide 45.
- Candace Jackson:** Okay and our next question: Does the sepsis validation score impact APU? It hasn't been in the recent past.
- Alex Feilmeier:** At this time, sepsis will be included in the fiscal year 2020 confidence interval calculation. I do remember per notification released by CMS, back in 2016, sepsis was not included in the calculation of the final confidence interval for fiscal year 2018. However, fiscal year 2018 is long over. Fiscal year 2019, which is just finishing up, sepsis is being included in that and sepsis will be included in fiscal year 2020. If CMS decides not to include sepsis or any other measure in the calculation, hospitals will be made aware.
- Candace Jackson:** Thank you. Our next question: Does the infection control validation results get added to the abstracted validation results to determine 75% compliance or is each a separate 75% compliance?
- Alex Feilmeier:** So, I think what is being asked here is more about, and I could be wrong, but I think it sounds like they're asking whether each quarter respectively is given a confidence interval or if they'll be scored on all of the quarters together? And the answer is all of the quarters will be combined and at the very end of the year, that is what the confidence interval is made up of. And that confidence interval at the end of the year, needs to be a lower bound of 75% or greater in order to pass. Just because a hospital receives lower than 75% on one individual quarter, does not mean that they have automatically failed validation for the fiscal year.
- Candace Jackson:** Thank you Alex. Our next question: We do not have an ICU although we report CLABSI and CAUTI data from our Med Surg unit to NHSN. Should we be reporting through the template?
- Alex Feilmeier:** The validation templates for CLABSI and CAUTI do specify that it is for ICU locations only. If you have questions about that I would definitely refer to the [Definitions] tab of those two templates. And if you have

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additional questions after reading that [Definitions] tab of the template, feel free to reach out to the Validation Support Contractor for clarification.

Candace Jackson: Thank you and our next question: Just to clarify, patients submitted for a quarter, is based on their discharge date.

Alex Feilmeier: CMS has not set in stone the validation template requirements for whether it will be by admit, discharge or culture date. However, I will say that the majority of hospitals report by discharge date on those templates and we feel that the discharge date is the best way to keep track of that from your side of things as well.

Candace Jackson: Okay. Our next question: For fiscal year 2020, paper medical records are not being sent to CDAC. I believe what they're asking is if that is correct?

Alex Feilmeier: That is not correct for chart-abstracted data validation. As of, and has always been and continues to be in fiscal year 2020, hospitals have more than just paper records. They have paper records, they have submissions through the *QualityNet Secure Portal*, they have the CD, DVD, flash drive submission options. So, if you have questions about that information, about how the hospitals can submit their records to the CDAC, will be provided when that medical records request is sent out. Very detailed instructions on how you may submit those is included.

Candace Jackson: Thank you and our next question: If chosen, for example MRSA, and CDI audits, are all cases with that diagnosis for the respective quarter, to be listed on the templates for selection?

Alex Feilmeier: The best way, again, to check whether you're reporting on the templates correctly is to check on that [Definitions] Tab of the template. It provides very specific instruction. Other than that, if you have questions, please feel free to reach out to the Validation Support Contractor.

Candace Jackson: And our next question: Will the eight clinical records be validated from multiple measures? In other words, would you look at SEP only or SEP/ED/IMM/VTE, if applicable?

Alex Feilmeier: Yes, that is correct.

Candace Jackson: Our next question: What if you have a very low number of CAUTI or CLABSI per quarter? For instance, Quarter 3 of fiscal year '17, we had zero CAUTI and zero CLABSI.

Alex Feilmeier: If there are not enough of CLABSI or CAUTI, you could be selected for more SSI, as can be found on slide 31 of the presentation. You could grab more SSI within the sample if you also don't have very many SSI or no SSI. In other words, if you have no HAI to be validated for a quarter, then

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there will be no HAI requested for that quarter. However, you still may receive clinical process of care cases in your medical records request packet.

Candace Jackson: Thank you Alex and our next question: On the fiscal year 2020, listing of hospitals selected for Chart-Abstracted Data Validation, my facility was listed but the validation template type was just for CAUTI CLABSI. Does this mean that they were not be reviewing IQR cases?

Alex Feilmeier: That is a good question. However, all providers that are selected for the data validation process for chart-abstracted will be validated for both clinical process of care as well as HAI. The reason that the list does not include clinical cases on there is just because that reason, all providers are required to be validated for clinical processes of care.

Candace Jackson: And our next question: When will we be able to pull the Case Selection Report from QNet? Third quarter '17 is not available to choose?

Alex Feilmeier: Right. So the 3rd quarter '17 Case Selection Report will not be available to run on *QualityNet* until after the validation template deadline has passed, which for third quarter 2017 is February 1, 2018. After the template deadline has passed, and then after 10 to 15ish days has passed from that point, when the CDAC sends the medical request packets to you, at that point the same time, the Case Selection Report will be available to you on *QualityNet* to run.

Candace Jackson: Okay. Thank you, Alex. And we have time for one more question. When you are saying “medical records request”, is that for both HAI and chart-abstracted, or will we only receive the medical records request for HAI after template submission and we will receive the chart-abstracted requested before that separately.

Alex Feilmeier: Good question. The clinical process of care, as well as the HAI will all be requested at the same time from the CDAC.

Candace Jackson: Thank you. And that ends our Q&A session. Again, I would like to thank Alex for all of his expertise and on the questions, that were presented. Again, those question and responses will be posted at a later date to the qualityreportingcenter.org website.

And now I would like to turn the presentation over to Dr. Deborah Price to go over our CEU process. Deborah.

Deborah Price: Well thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and as such, all nurses report their own credits to their boards using the National Provider Number 16578. It

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is your responsibility to submit this number to your own accrediting body for your credit.

We now have an online CE Certificate process. You can receive your CE Certificate two ways. First way is if you registered for the webinar through ReadyTalk, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk, please pass the survey to them. After completion of the survey, you'll notice at the bottom right-hand corner a little gray box that says [Done]. You will click the [Done] box and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk. Please use your personal email for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificate from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center that means you have a firewall up that's blocking the link into your computer. Please go back to the New User link, and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your New User link, just wait 48 hours because remember you're going to be getting another link and another survey sent to you within 48 hours.

Okay, this is what the survey will look like. It will pop-up at the end of the event and will be sent to all attendees within 48 hours. Click [Done] at the bottom of the page when you are finished.

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Thank you for taking the time spent with me.