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# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

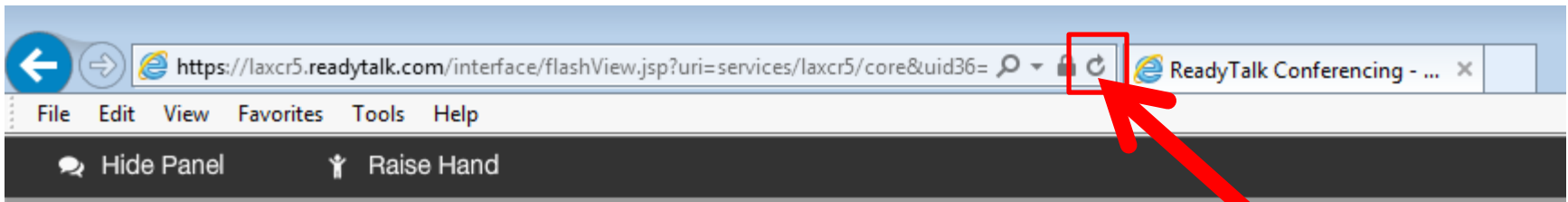
Click Refresh icon

-or-

Click F5



F5 Key  
Top Row of Keyboard

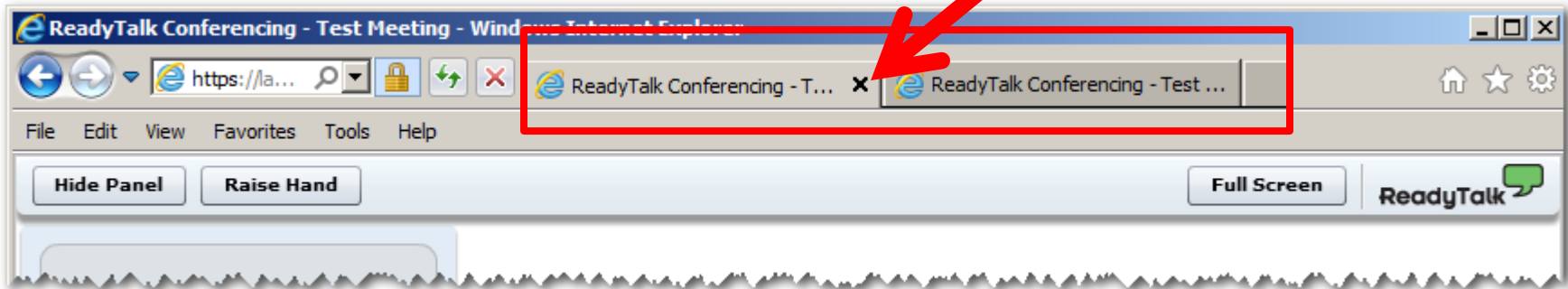


Location of Buttons

Refresh

# Troubleshooting Echo

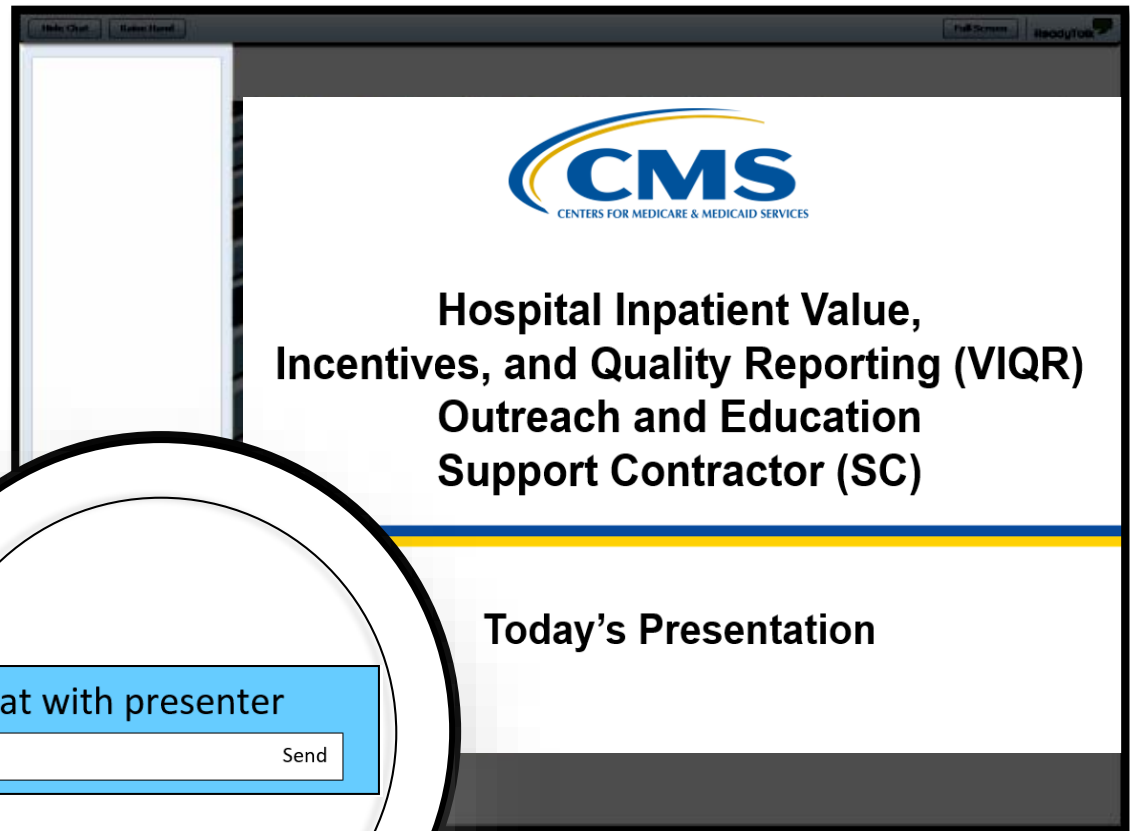
- Hear a bad echo on the call?
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Example of two browsers/tabs open in same event

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

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Validation Support Contractor (VSC)

**December 18, 2017**

# Purpose

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The purpose is to share information regarding the CMS Hospital Inpatient Quality Reporting (IQR) Program chart-abstracted data validation process for fiscal year (FY) 2020.

# Objectives

Participants will be able to:

- Understand the FY 2020 Hospital IQR Program chart-abstracted data validation process, as a whole.
- Identify the deadlines and associated required activities relating to data validation for FY 2020.
- Submit FY 2020 healthcare-associated infection (HAI) validation templates through the *QualityNet Secure Portal* Secure File Transfer application.
- Submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC).
- Receive and interpret validation results.

# Background

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



# Chart-Abstracted Validation Quarters for FY 2020

## Chart-Abstracted Validation Quarters for FY 2020

Third quarter 2017 (3Q17)

Fourth quarter 2017 (4Q17)

First quarter 2018 (1Q18)

Second quarter 2018 (2Q18)

# Clinical Process of Care Measures for FY 2020

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 the validation fiscal year are: Emergency Department (ED), Immunization (IMM), Venous Thromboembolism (VTE), and Sepsis (SEP). Below is a list of the clinical process of care measures available to be validated in each quarter of FY 2020.

<b>Clinical Process of Care Measures Validated in Each Quarter of FY 2020</b>	
<b>3Q17</b>	ED, IMM, VTE, SEP
<b>4Q17</b>	ED, IMM, VTE, SEP
<b>1Q18</b>	ED, IMM, VTE, SEP
<b>2Q18</b>	ED, IMM, VTE, SEP

# HAI Validation Measures for FY 2020

Healthcare-Associated Infection (HAI) Measures for FY 2020
Central Line-Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Laboratory Identified (LabID) Events
<i>Clostridium difficile</i> Infection (CDI) Laboratory Identified (LabID) Events
Surgical Site Infection (SSI)

- Hospitals will be randomly assigned to submit **quarterly** either:
  - CLABSI **AND** CAUTI validation templates
  - OR**
  - MRSA **AND** CDI validation templates
- All hospitals selected will be validated for SSI.
  - SSI cases are not submitted using validation templates, but are selected from Medicare claims-based data submitted to CMS.

# Provider Selection

- Random provider selection
  - 400 hospitals were selected in December 2017.
- Targeted provider selection
  - 200 additional hospitals are anticipated to be selected in April or May of 2018.
  - The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS/LTCH PPS Final Rule (78 FR 50833 – 50834).

# Selected Provider List

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

The screenshot shows the QualityNet website interface. At the top, there is a blue header with the QualityNet logo on the left, a search bar on the right, and a "Log In" button. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath the navigation bar is a horizontal menu with several categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Hospitals - Inpatient" category is expanded, showing a sidebar on the left with links for "Data Validation (Chart-Abstracted & eCQM)", "Chart-Abstracted Data Validation", and "Educational Reviews". The main content area displays "Chart-Abstracted Data Validation - Overview Hospitals-Inpatient" with a brief description of the validation process. A red arrow points from the "Data Validation (Chart-Abstracted & eCQM)" link in the sidebar to a blue box on the right containing the link "Hospitals Selected for Inpatient Chart-Abstracted Data Validation" and two sub-links: "FY 20XX List, PDF" and "FY 20XX List, XLSX".

# Notification of Selection

Annually, for both the random and targeted provider selections:

- A news article, along with the list of selected providers, is posted on *QualityNet*.
- A ListServe is released to notify the community that the selection has occurred.
- An email communication from the VSC is sent directly to the hospitals selected.

# Notification of Selection

- Hospitals selected for validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database:
  - CEO
  - Hospital IQR
  - Infection Control
  - Medical Records
  - Quality Improvement
- The VSC monitors email communications to assure that all hospitals are notified of selection. Any emails that bounce back are researched, and hospital contacts are asked to be updated in the CMS system, to assure that future notifications are received.

# Updating Contacts

- 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 and update contacts by sending an email with their six-digit CMS Certification Number (CCN)/Provider ID number to the Hospital Inpatient Support Contractor at [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org).



# General Overview of Validation Process

Quarterly, hospitals fill out HAI validation templates and submit the templates to the VSC via *QualityNet Secure Portal* Secure File Transfer.

- Hospitals must submit templates **before** they receive a medical records request packet.
- The individual submitting the templates must be registered on *QualityNet*.
- It is strongly recommended that each hospital have at least two active Security Administrators at all times.
  - If you are unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* Security Administrator.
  - If your Security Administrator is unable to reestablish your access, contact the *QualityNet* Help Desk at (866) 288-8912.

# General Overview of Validation Process

- After the cases for validation have been selected for the quarter (based on information submitted on the templates), the hospital receives a medical records request packet from the CDAC. The CDAC will mail a medical records request packet to the attention of “Medical Records Director,” which contains detailed instructions and case listings.
  - It typically takes 10 or more days after the quarter’s submission deadline for this sample of cases to be selected and sent out.
  - The list of cases selected that hospitals receive from the CDAC will contain requests for clinical process 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 its records to the CDAC.
- Quarterly, hospitals deliver requested medical records to the CDAC, and the CDAC then reabstracts and adjudicates the selected cases.

# General Overview of Validation Process

- It typically takes approximately four months after the quarter's submission deadline for hospitals to receive their validation results for the quarter.
- Hospitals may submit an educational review request within 30 days of receiving quarterly 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*.

# General Overview of Validation Process

At the end of each fiscal year, annual payment update (APU) results are expected to be released in late April or early May, at which point hospitals will be notified of their validation pass or fail status. (For FY 2020, this is anticipated to be April or May 2019.)

- To determine the pass-fail status, CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. Hospitals may run their end-of-year Confidence Interval Report, which determines validation pass or fail status.
- If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement.
  - Once FY 2019 has concluded, a detailed FY 2020 confidence interval document will be posted on the chart-abstracted data validation resources page of *QualityNet*.

# FY 2020 Validation Template Submission Deadlines

- Validation templates are due no later than 11:59 p.m. PT on each associated deadline date. Validation templates may be submitted immediately following the last day of each quarter period.  
**Note:** For the randomly selected hospitals, validation templates are due **before** the Hospital IQR Program clinical warehouse submission deadlines and NHSN submission deadlines each quarter.
- The FY 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 the random hospitals **only**.

Randomly Selected Hospital HAI Validation Template Due Dates	
Discharge Quarters	HAI Validation Template Deadline
<b>3Q17</b> (July 1–September 30)	02/01/2018
<b>4Q17</b> (October 1–December 31)	05/01/2018
<b>1Q18</b> (January 1–March 31)	08/01/2018
<b>2Q18</b> (April 1–June 30)	11/01/2018

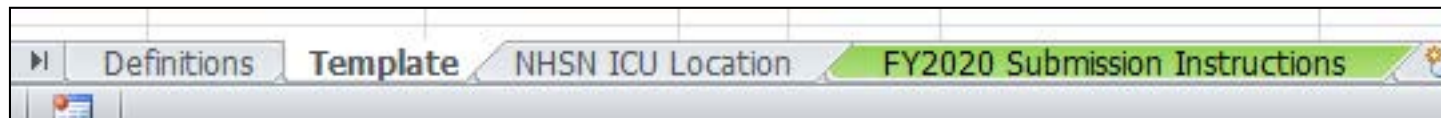
# Validation Template Version and Location

- **Use the current template** version for each fiscal year **only**.
  - Templates from previous years will be rejected.
  - Do not save validation templates with a password and do not lock them.
- Current/correct validation template versions for the fiscal year being validated are available on the chart-abstracted data validation resources page of *QualityNet*.
  - Validation templates are located in the center of the Resources web page at this direct link:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1140537256076>

Chart-Abstracted Data Validation
• Educational Reviews
• CDAC Information
• Resources

# Validation Template Tabs

- There are four tabs on each validation template:
  1. Definitions
  2. Template
  3. NHSN Location
    - For CLABSI and CAUTI NHSN ICU location
  4. FY2020 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.



# Validation Template Completion Tips

- **Refer** to the FY 2020 Validation Template User Guide and Submission Instructions document posted on the chart-abstracted data validation resources page of *QualityNet* at this direct link:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1140537256076>.
- **Verify** the correct fiscal year of the validation template is being used.
- **Do not alter** the original format of the validation templates.
- **Review** the [**Definitions**] tab on each validation template for direction on filling out specific fields.
- **Fill in** all required fields denoted with an asterisk (\*).
- **Use** the drop-downs provided in the templates to select valid values.
- **Check** all dates for accuracy.
- **Submit only** via the *QualityNet Secure Portal* Secure File Transfer application, as validation templates contain Protected Health Information (PHI) and **cannot** be sent via email.



# Validation Template Completion Tips

- **Verify** the accuracy of the calendar quarter listed on each validation template.
- **Review** all formats and dates for accuracy as specified on the **[Definitions]** tab.
- **Perform** a quality check of data entered into this template against data entered into NHSN; stay mindful of differing CMS and NHSN deadlines.
- **Check** to ensure any cases with a separate Inpatient Rehabilitation Facility (IRF) or Inpatient Psychiatric Facility (IPF) CCN are not included on the template.

# Validation Template Processing

- Feedback regarding the status of validation templates is typically received within two business days of initial submission.
- If a processing confirmation is not received, email the VSC at [validation@hcqis.org](mailto:validation@hcqis.org).
  - Include the hospital six-digit CCN/Provider ID.
- After validation templates are processed, the submitter of the template and the contact listed in the template's first row will receive a confirmation-receipt email indicating one of two things:
  1. Successful submission

**OR**

  2. Errors have occurred that require attention and resubmission

# If Validation Template Submission Contains Errors

A hospital submitting a validation template with processing errors will receive an email notification, which includes the errors to be corrected.

- Make the corrections specified in the email.
- Resubmit the file via the *QualityNet Secure Portal* Secure File Transfer application by the submission deadline.
  - Do **not** attach a template to the error email or this will be considered a breach of PHI.
- Validation templates may only be resubmitted up until the quarterly deadline. If error emails are received, these errors must be corrected and the template must be resubmitted **prior to the submission deadline**. An error in the template does **not** extend the submission deadline.
- When resubmitting a revised validation template, include a note in the *QualityNet Secure Portal* Secure File Transfer message indicating a revised template is being submitted.
  - Include the word *Revised* or *Resubmitted* in the file name
    - 012345\_3QYY\_FYXX\_CAUTI\_ValidationTemplate\_Revised.xlsx

# Validation Templates Not Received

- At predetermined points up until the validation template deadline each quarter, the VSC 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 the required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases.
  - Up to 10 placeholder cases can be assigned.
  - All assigned placeholder cases are 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-submission deadline, placeholder cases will also be assigned and scored 0/1.

# VSC Data

## Courtesy Checks

- The VSC 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, they **could** result in mismatches.
  - If a hospital receives an email from the VSC asking for review of a validation template due to a possible discrepancy, reply and indicate one of the following:
    - A new validation template has been submitted.
- OR**
- The data are accurate as submitted and no changes are needed.
- Examples of discrepancy checks:
  - Listed CAUTI/CLABSI culture dates are not between the admit/discharge date.
  - Differences in data exist on multiple rows of the template that appear to be the same patient and same episode of care.
  - Discrepancies between the two assigned template types exist where a patient is listed on both templates, but the birth/admit date/discharge dates are different from what appears to be the same episode of care.

# Validation Templates Used to Select HAI Cases for Validation

- Validation templates are not validated; they are used to select HAI cases to be validated each quarter.
- CMS performs a random selection of cases submitted from each validation template type submitted per hospital being validated.
- Hospitals do not submit validation templates for SSI cases.
- After a template-submission deadline has passed, data submitted on validation templates cannot be changed.

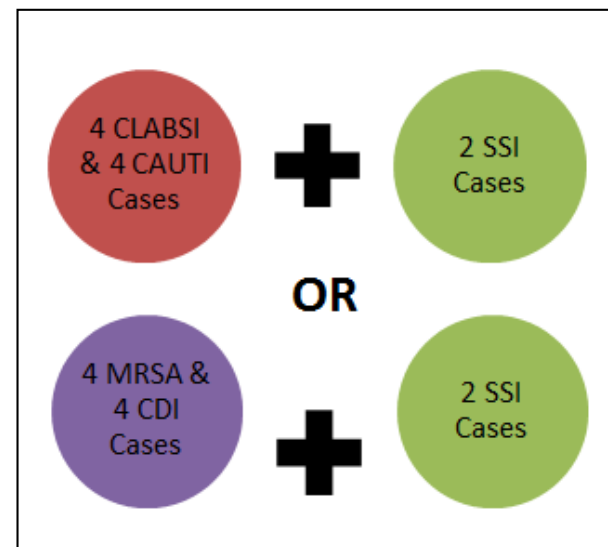
# HAI Sample Selection

- The HAI validation sample selection includes **up to 10** cases per quarter.

- **Up to four CLABSI** cases from data on validation templates  
**AND**
- **Up to four CAUTI** cases from data on validation templates  
**AND**
- **Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies

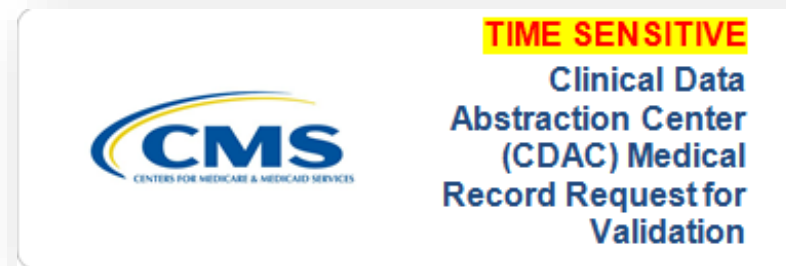
**OR**

- **Up to four MRSA** cases from data on validation templates  
**AND**
- **Up to four CDI** cases from data on validation templates  
**AND**
- **Up to two SSI** cases from claims data for patients with 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 the candidate cases from other infection types to meet sample size targets.
- Requests identified from Medicare claims data may include a request for an index admission and readmission record. When both types are requested, both records should be submitted.

# Medical Record Request



- CDAC will send hospitals a written request to “Medical Records Director,” using FedEx, to submit a patient medical record for each case and candidate case that CMS selected for validation.
- It is important that the packet be routed as soon as possible to the correct individual(s) responsible for fulfilling the request.

**Important Note:** The medical records request will be delivered to the address listed under the MEDICAL RECORDS contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the Hospital Inpatient Support Contractor at [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org).



# Medical Record Request

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. Note that this report can take several business days after the original request date to become available.

To access the report:

1. Log in to the ***QualityNet Secure Portal***.
2. Select **My Reports**, then **Run Reports**.
3. Select the **Run Reports** tab.
4. Under Report Program, select **IQR**.
5. Under Report Category, select **Hospital Reporting – Data Validation Reports**.
6. Under Report Name, select **Hospital Data Validation – Case Selection Report**.

# Medical Record Request

- 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 illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital **originally** sent.
- It is critical that hospitals have a process for reviewing each of their records after they have been copied and before they are sent to the CDAC.
- 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 (EHR) to ensure all necessary information is present.**

# Medical Record Request

- 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, on removable media (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 these three methods are provided within the packet delivered by CDAC.
- Additional information regarding medical records requested by the CDAC can be found on *QualityNet* by hovering over the **Hospitals - Inpatient** drop-down and selecting the **[Data Validation (Chart-Abstracted & 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]**.

# Medical Record Submission

## “Do’s and Don’ts”

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

# Quarterly Validation Reports

- **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 packet sent by CDAC.
- **Validation Summary**
  - Provides a high-level summary of the validation-reliability rate for each abstracted case and becomes available after the hospital receives results for the quarter.
- **Validation Case Detail**
  - Provides a list of all elements abstracted compared to the CDAC reabstraction on each case and becomes available after the hospital receives results for the quarter.

# Case Selection Report

- Lists a hospital's cases selected for validation each quarter, including all available patient identifiers
- Displays the **Medical Record Request Date**, the **Due to CDAC Date**, and the **Record Received Date** (after CDAC has received the hospital's records)
- **Note:** It could take up to 24 hours for the Record Received Date to populate. To verify receipt of records, contact the CDAC directly via email at [CDACHelpDesk@hcqis.org](mailto:CDACHelpDesk@hcqis.org) or by phone at (717) 718-1230, ext. 201.

Hospital Reporting - Data Validation: Case Selection Report – Inpatient										
Provider: [REDACTED]										
Discharge Quarter: 07/01/2015 - 09/30/2015										
Clinical Process of Care Selections										
Patient Identifier	Patient Name <sup>1</sup>	DOB	Admit Date	Discharge Date	Measure Set <sup>2</sup>	Abstraction Control Number	Medical Record Request Date	Due to CDAC <sub>3</sub> Date	Record Received Date	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016	
HAI Case Selections										
Patient HIC Number	Patient Identifier	Patient Name <sup>1</sup>	DOB	Admit Date	Discharge Date	Measure Set <sup>2</sup>	Abstraction Control Number	Medical Record Request Date	Due to CDAC <sub>3</sub> Date	Record Received Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/05/2016	09/06/2016	08/25/2016

# Validation Summary Report

Lists each validated case with its score, organized by measure set.

Hospital Data Validation: Validation Summary Report - Inpatient						
Provider: [REDACTED]						
Discharge Quarter: 07/01/2015 - 09/30/2015						
<b>Other Clinical Process of Care Reliability 13 / 22</b>						
Measure Set	Abstraction Control Number	Patient Identifier	Admit Date	Discharge Date		Case Reliability
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0/2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0/2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0/2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/1
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/1
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	3/4
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5/5
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	3/5
<b>Healthcare-Associated Infection Reliability 9 / 10</b>						
Measure Set	Abstraction Control Number	Patient Identifier	Admit Date	Discharge Date		Case Reliability
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/1
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/1
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/1

# Case Detail Report

- Lists all abstracted elements compared to the CDAC reabstraction on each case.
- Mismatches and the associated educational comments from CDAC are displayed in red font.

Hospital Reporting - Data Validation: Case Detail Report - Inpatient			
Validation Rate: Original			
Provider: ██████████			
Discharge Quarter: 07/01/2015 - 09/30/2015			
<b>Other Clinical Process of Care</b>			
Reliability Rate: (18 / 19)			
Abstraction Control Number: ██████████		Case Status: Complete	
Patient ID: <sup>2</sup> ██████████		Comments:	
Measure Set: IQR-ED			
Admit Date: ██████████			
Discharge Date: ██████████			
Individual Case Reliability Rate: ( 1 / 2 )			
Measure:	Original Outcome*	Validated Outcome*	Result
ED-1a	D /332 Min	D /332 Min	Match
ED-2a	D /108 Min	D /77 Min	<b>Mismatch</b>
# of Measures Matched: 1			
# of Measures Validated: 2			



# Educational Reviews

- Within 30 days of validation results being posted on the My Reports section of the *QualityNet Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review.
- The educational review process and educational review forms can be found on *QualityNet* by hovering over the **Hospitals – Inpatient** drop-down and selecting the **[Data Validation (Chart-Abstracted & 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 the **[Educational Reviews]**.

The screenshot shows the QualityNet Secure Portal interface. At the top right, there is a 'Log In' button. Below it is a navigation bar with 'Home', 'My QualityNet', and 'Help' buttons. Underneath is a dropdown menu with 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', and 'PPS-Ex Cancer'. The 'Hospitals - Inpatient' dropdown is open, showing a list of options: 'Data Validation (Chart-Abstracted & eCQM)', 'Chart-Abstracted Data Validation', 'Educational Reviews', and 'CDAC Information'. The 'Educational Reviews' link is highlighted with a red box. To the right of the dropdown, the page content is titled 'Data Validation - Educational Reviews Hospitals-Inpatient' and contains text about the Hospital Inpatient Quality Reporting (IQR) Program and instructions on how to request a review, including a 30-day deadline.

# Educational Reviews

- For the FY 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 reports issued to hospitals will not be changed to reflect the updated score due to the burden associated with reissuing corrected reports.
- Due to the need to calculate the confidence interval in a timely manner, and the insufficient time available to conduct educational reviews, the existing reconsideration process will be used to dispute an unsatisfactory validation result for the last quarter of validation.
- If a hospital does not fail validation, the hospital still would have the opportunity to request an educational review within 30 days of receiving the results.

# Confidence Interval Report

- After the educational review results are taken into consideration and all quarterly results of the fiscal year have been completed, a confidence interval is calculated based on the cumulative results.
- To pass validation, a hospital must receive equal to, or greater than, a 75 percent upper bound confidence interval score.
  - If a hospital does not meet the overall validation requirement, the hospital will not receive full APU.
- Once FY 2019 has concluded, a detailed FY 2020 confidence interval document will be posted on the Chart-Abstracted Data Validation Resources page of *QualityNet*.

Hospital Reporting - Confidence Interval Report - Inpatient		
State: [REDACTED]		
Provider: [REDACTED]		
Fiscal Year: [REDACTED]		
[REDACTED]		
Confidence Interval Fiscal Year: [REDACTED]		
** Final Confidence Interval for Fiscal Year [REDACTED]**		
*Estimated Reliability <sup>1</sup> 98%		
*Confidence Interval Upper Bound: <sup>2</sup> 99%		
*Confidence Interval Lower Bound: <sup>3</sup> 98%		
Quarterly Confidence Interval for Fiscal Year: [REDACTED]		
Quarter(s)	Calculation Date	Estimated Reliability
3Q 2014	04/26/2016	97%
4Q 2014	04/26/2016	94%
1Q 2015	04/26/2016	100%
2Q 2015	04/26/2016	99%

# Reconsiderations

- If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in late spring indicating they have failed APU.
  - At that time, a hospital may request a reconsideration (appeal) of its validation results. The hospital would then provide information on why they are asking CMS to reconsider their results.
- Additional information about reconsiderations can be found on *QualityNet*:
  - Select the **Hospitals – Inpatient** drop-down.
  - Select the **[Hospital Inpatient Quality Reporting Program]** link.
  - Select **APU Reconsideration** from the left-side navigation pane.
  - Direct link:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1184627418989>.

# Resources

- **QualityNet validation resources:**
  - Validation fact sheet
  - Most current validation templates
  - Validation Template User Guide and Submission Instructions
  - Confidence interval documents
  - HAI abstraction manuals
  - Tool display documents
- **To access these resources:**
  - Select the **Hospitals – Inpatient** drop-down and the **[Data Validation]** link. Then, select the **[Resources]** link.
  - Direct link: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1140537256076>.
- **For assistance with QualityNet (including logging in), contact the QualityNet Help Desk:**
  - Call (866) 288-8912 from 7 a.m. to 7 p.m. CT, Monday through Friday
  - Email [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)

# Questions

- CMS Hospital Inpatient Questions and Answers Tool
  - <https://cms-ip.custhelp.com>
- Validation Support Contractor email
  - [validation@hcqis.org](mailto:validation@hcqis.org)
- When submitting a question, include the hospital six-digit CCN/Provider ID to expedite a reply with information specific to your hospital.

# Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

**Note:** To verify CE approval for any other state, license or certification, please check with your licensing or certification board.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk<sup>®</sup>.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.



# CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue and yellow border.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

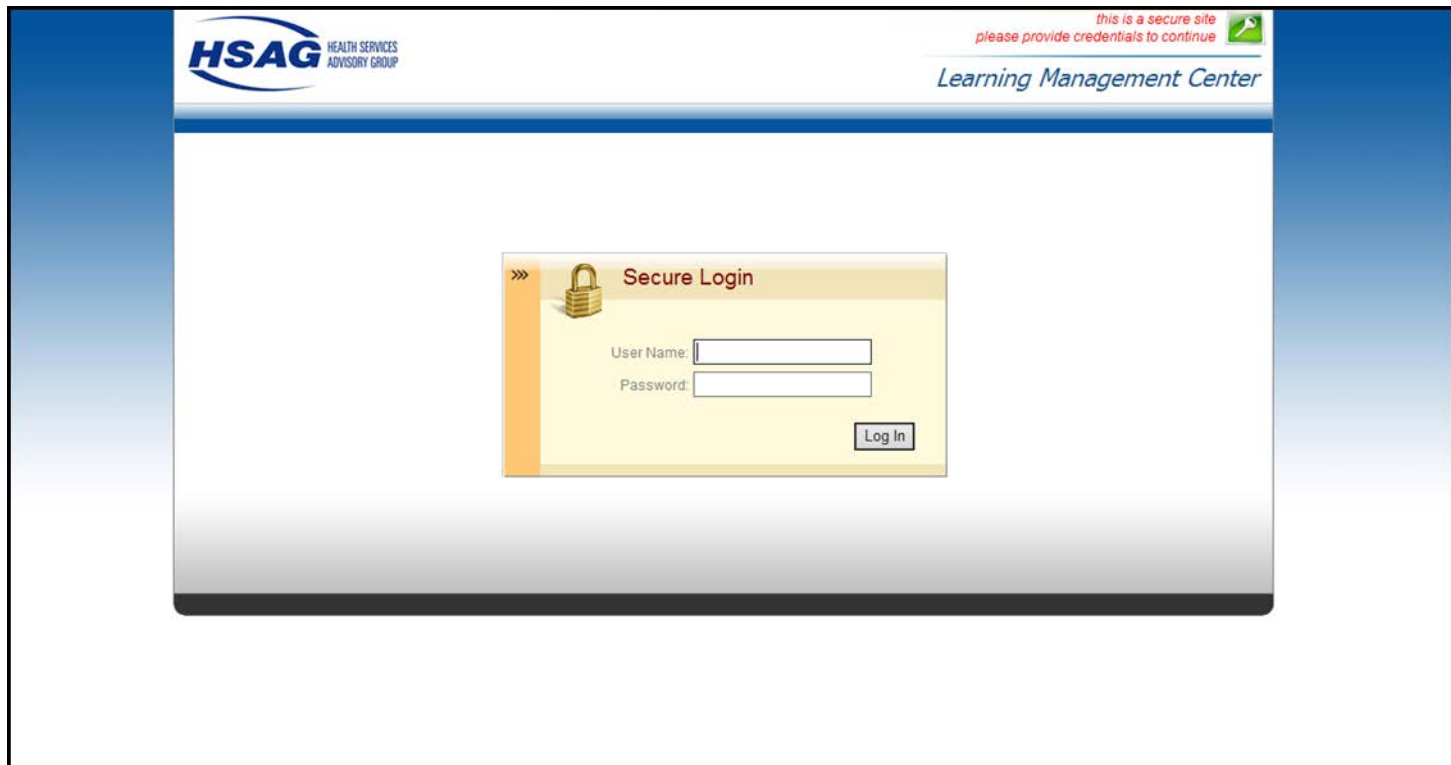
Learning Management Center

**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a small green icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a double arrow icon, and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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