



Outpatient Quality Program Systems and Stakeholder Support Team

Overview of the Hospital Outpatient Quality Reporting Program (OQR) Data Validation Efforts

Presentation Transcript

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Karen

VanBourgonden: Hello everyone. My name is Karen VanBourgondien. We appreciate you joining us. Today, we will be discussing the validation process and how it relates to the Hospital OQR Program.

To help us with that today, we have a subject-matter expert from the validation support contractor, Alex Feilmeier. Alex will go over Hospital Selection, Case Selection, Medical Record Requests, Submissions, Validation Results and Scores. Also, he will review Validation Reports and Reconsideration. I will go over some scenarios for the most mismatched areas during validation and then we will address some of your questions.

The specific objectives for today are here on the slide. If you need the slides, you can just click on the icon that is on the control panel on your screen. We will also have the slides posted on our website, they are there now, QualityReportingCenter.com and one of us will put that direct link in the chat box as well.

So, just to give you a little bit of background, through the validation process, CMS performs a random and targeted selection of hospitals on an annual basis, assesses the accuracy of the Chart-Abstracted Clinical Process of Care, or CPOC, measure data within the Hospital OQR Program. The validation process verifies, on a quarterly basis, that hospital-abstracted data submitted can be reproduced by a trained abstractor using a standardized protocol. So, for details let me hand things over to our subject-matter expert, Alex Feilmeier. Alex?

Alex Feilmeier: Thanks, Karen. Let me begin with hospital selection process.

Each year around August/September, CMS selects up to 500 hospitals, and this includes the selection of up to 450 randomly selected hospitals and 50 targeted hospitals. It is possible for a hospital to be selected in consecutive years.

As mentioned, some hospitals are selected as targeted. Criteria that could place hospitals in the pool that could be selected as targeted are: Failed to meet validation requirements in a previous year; failed the validation efforts but had an Extraordinary Circumstances Exception for one or more of the quarters in the previous year; having not had its OQR data validated in the previous three years; had a lower-bound confidence interval less than or equal to 75 percent in the previous year's validation effort; or had an "outlier value" for a measure based on the data submitted. If a hospital meets one or more of these criteria, they could be selected as targeted.

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Annually, for both the *random* and targeted hospital selections:
An email communication from the Validation Support Contractor is sent directly to the hospitals selected. A listserv notification of the hospitals selected will be released. And the selected hospitals can be found on the Outpatient Data Validation Resources page of the *QualityNet* website.

Hospitals that have been selected for validation are notified by email; this communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, Hospital OQR, Medical Records – CDAC and Quality Improvement. The Validation Support Contractor monitors email communications to assure that hospitals are notified of selection. Any emails that bounce back are researched, and hospital contacts are asked to be updated in the CMS system to ensure that future notifications are received. We strongly suggest hospitals ask their IT department to add validation@telligen.com to their ‘Safe Senders List’ to ensure validation-related email notifications are received.

Keeping hospital contacts up-to-date is necessary to ensure validation-related communications and submission deadline email reminders reach the 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 (CCN)/Provider ID to the Hospital Outpatient Support Contractor at the email indicated on this slide.

Now we’ll go over Case Selection, Medical Record Requests and Submission.

After the hospitals have been notified that CMS has selected them for data validation efforts, cases are randomly selected from data submitted by each hospital to the CMS Clinical Data Warehouse through the HQR secure portal.

Details on measures to be validated and how many cases are available to be validated is found in the validation, the Fact Sheet posted on the Outpatient Data Validation Resources page of the *QualityNet* website. Hospitals can run a Case Selection report when the medical records request is sent to track receipt status. We’ll discuss this report later in the presentation.

Hospitals will receive four total medical record requests containing selected cases, which are usually sent within a few weeks after each quarterly data submission deadline. The table on this slide shows estimated arrival of those medical record requests.

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The medical records request packet will be sent by the CMS Clinical Data Abstraction Center. We will refer to them as the CDAC a lot in this presentation. The packet will be sent to each hospital via a mail delivery service which is currently FedEx to “Medical Records Director” for this submission of each case and candidate case selected for validation. Packet should be routed as soon as possible to the correct individual or individuals responsible for fulfilling the request timely. The medical records request will be delivered to the address listed under the CDAC Medical Records contact type in the official CMS database. Hospitals may check and make updates to the address by sending an email with their six-digit CCN to the Support Contractor at the email indicated on this slide.

Hospitals have 30 calendar days to submit the requested records to the CDAC via the CMS Managed File Transfer web-based application.

The only acceptable submission method is via the CMS Managed File Transfer web-based application. Paper copies, CDs, DVDs, flash drives are NOT acceptable. Additional information regarding medical records requested by the CDAC will be received within the medical records request packet, and can also be found on the Data Validation CDAC Information page on the *QualityNet* website.

Hospitals cannot submit medical records or additional documentation after CDAC receives the record even if the wrong record is sent or if pages are missing, or illegible, etc. So, CMS recommends that hospitals have an abstractor review your records prior to submission to ensure all necessary information is included.

There is a helpful document that provides tips for avoiding medical record submission errors, called the Submission Do’s and Don’ts document. This can be found on the Outpatient Data Validation CDAC Information page of *QualityNet*. It is also included in the medical records request packet sent by the CDAC.

Now we’ll cover Validation Results, Scores, and Reconsiderations.

It is important to note that the CDAC will abstract every case with the original applicable documentation received from the hospital, and the medical records must contain sufficient information for the CDAC to determine measure eligibility and/or outcome. This point is important to know because validation is scored at the measure level. It is not scored at the individual question or data element level.

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The CDAC abstracts based on the specifications for each respective program and measure; as long as the CDAC abstractor reaches the same outcome as your hospital, the case will be considered a match.

The CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted.

After the CDAC has completed review of all selected cases for a hospital, which is typically around 3-4 months after each medical record submission deadline, that hospital's results are released to view on the CMS HQR secure portal. The results are displayed on a report called the "Case Detail Report." The Case Detail Report shows the outcomes of abstraction determined by the CDAC on each selected case. When the report becomes available, users with the validation permission will receive an email notification. To ensure validation result notifications are received and reviewed timely, CMS strongly recommends that hospitals have multiple active users with the validation permission.

If a hospital disagrees with or has questions about the results they have received, CMS offers educational reviews of medical record validation results. The deadline for requesting a review is within 30 days of the validation results being posted on the HQR secure portal. Educational review includes the review of the entire case by the Validation Support Contractor with brief explanation of any mismatches. You can find out more about the educational review request process, and find the request form, on the Data Validation Educational Reviews page of the *QualityNet* website. A direct link is provided on this slide.

When hospitals receive feedback on their educational review, the Validation Support Contractor will indicate whether a case was overturned due to incorrect initial outcomes. Any overturned data in the first three quarters will be used in the final confidence interval. However, for the last quarter, the hospitals will need to utilize the existing reconsideration process to dispute an unsatisfactory validation result. The reason for this is because of the need to calculate the confidence interval in a timely manner, and the insufficient time available to conduct educational reviews. Hospitals can still request an educational review for the last quarter within 30 days of receiving their Case Detail results, it just won't be included in the confidence interval calculation. Please note that the Case Detail Reports will not be changed to reflect updated results.

When all quarters of the validation year have been completed, and educational review results have been taken into consideration for those first three quarters, CMS calculates a reliability score. The hospital will pass the validation requirement if the upper bound of this confidence

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interval is 75 percent or higher, or they will fail the validation requirement if the confidence interval is below 75 percent. Hospitals that fail validation may also automatically be selected for validation in the next year.

A detailed confidence interval document is available on the Outpatient Validation Resources page on the *QualityNet* website.

Next, we'll cover Validation Reports and Reconsideration.

There are three validation reports for selected hospitals to view in the HQR secure portal. These are the Case Selection Report, the Case Detail Report, and the Confidence Interval Report. We've covered some of this in slides previously. We'll go over each of these in the following slides. Please note that CMS continues to modernize the HQR system and the data validation reports. So, the way hospital data display may change in the future.

The Case Selection Report displays the patient-identifying information pertaining to the cases selected for validation. The cases displayed on the report are the same cases as outlined within the medical records request packet sent by the CDAC. This report displays the Medical Record Request Date, the Due to CDAC Date, and the Record Received Date. The Record Received Date does not display until after the CDAC has received your requested records. Please note that it may take up to 24 hours to populate with the date. To verify receipt of records, contact the CDAC directly at the phone number and email indicated on this slide.

To access the validation reports, registered users with the 'Validation' permission will need to log into the HQR secure portal. From the dashboard, they will select Program Reporting, then Validation. From the Validation page, they will select the applicable Program, the Report, and the Encounter Quarter. Lastly, they will select the Provider and click the Export CSV button.

Within the Hospital OQR Program, if a hospital does not meet or exceed that 75 percent upper-bound confidence interval threshold, the hospital will receive a letter indicating that they have not met the validation requirement of the Hospital OQR Program and they may be subject to a reduction of their APU. At that time, a hospital may request a reconsideration of their failure. The hospital would then provide the reason they are asking CMS to reconsider their results.

For additional information and resources related to the Reconsideration process, you may view the Annual Payment Update Validation Reconsiderations page on the *QualityNet* website. For information specific

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to the APU determination and/or Reconsideration process, contact the Hospital OQR Support Team at the email indicated on this slide.

That's all I have, so I'll hand it back to the Support Contractor to cover common abstraction dilemmas. Thanks for listening to me today!

Karen

VanBourgondien:

Thank you, Alex.

We know there are some abstraction dilemmas and difficulties at times. Not everything is black and white. So, we are going to discuss a few common dilemmas as it relates to mismatches. As Alex did mention, having an outlier is part of the targeting criteria for validation. So, let's begin with that. Outliers.

When facilities are identified as having a data outlier for an upcoming submission deadline, the support team will send an email communication letting the hospital know that. The email will contain the measure, the measurement value, and the encounter date. And we usually send this communication about 15 days before a data submission deadline. So, if you get one of these emails, you should run a Submission Detail Report in HQR for the quarter to find the patient identifier. If an error is confirmed, the error should be corrected, and the case should be resubmitted in HQR before the submission deadline. Now, there may be instances where this outlier data element is not an error, it is just something that falls outside the typical range. The purpose of checking is to make sure the data that you have entered is correct. So, let me show you how to run the Submission Detail Report to assist you with a correction, if needed.

Once again, from the HQR dashboard, you're going to select Data Results from the drop-down menu and then you are going to choose Chart Abstracted. Once the Chart Abstracted page opens, you are going to choose the program, the report you want, and in this case, we are going to be choosing the Submission Detail Report, you are going to choose the encounter quarter, and remember that encounter period will be in the email we just talked about, and then you are going to select the Export CSV box. That is how you run a Submission Detail Report. Now, there are some common abstraction challenges with Arrival Time and ED Departure Time. So, let's just review those a little bit.

Alright, let's start with Arrival Time. If multiple times of arrival are documented, you're going to use the earliest time documented, in military time, that the patient arrived at the outpatient or emergency department. So, in our example here, the medical record shows that the Door Time is 2359. The Start Triage Time is noted as one minute after midnight. The ED Event Log shows that at 0000 the "Patient arrived in ED." Since the

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specs manual states that Arrival Time is the earliest documented time the patient arrived at the outpatient or emergency room department. So, in this scenario, the Arrival Time would be 2359. The Door Time is the earliest documented time that the patient arrived to the ED and there is no substantial documentation to support otherwise in this scenario.

So, what about an obvious error? The medical record should always be abstracted as documented. In other words, taken at “face value.” When the time documented is an obvious error, like for example not a valid time and there’s no other documentation found that provides this information, then you’re going to select UTD, unable to determine. So, let’s say there is documentation that indicates the arrival time was 3300 as in our little scenario here. And there is no other documentation noted in the medical record from the list of Only Acceptable Sources that provides a valid time. Since the Arrival Time is outside of the range in the Allowable Values for Hour, then it is not a valid time, and the abstractor should select UTD. By the way, it is good to note that transmission of a case with an invalid time like we just talked about – that would be rejected by the Warehouse. But, use of UTD, for example, for Arrival Time, would allow the case to be accepted into the Warehouse.

Alright, ED Departure Time. This is a tricky one for many of you. Do not use any time that cannot be substantiated in the medical record as direct patient care being provided. So, in our example here, if there is a departure time of 2110 and a note from the physician or nurse that was written at 2230 but no other information available that the patient was in the facility, that ED Departure Time is going to be 2110.

Observation Status. So, orders placed in the medical record for Observation Status is the only type of order that can be abstracted for ED Departure Time and only if it is placed while the patient is still physically in the emergency room. Orders for Inpatient Status are not considered, nor are they used for abstracting ED Departure Time. And why is that? Because if they are being admitted to inpatient, then they are going to be abstracting that chart for the Inpatient Quality Reporting Program not the Outpatient Quality Reporting Program. So, in our scenario here, an observation order is written at 1030, the patient is transported to the floor at 1235, so we are going to use the departure time as 1030 because that is when the observation order was written, and it was written when the patient was physically in the ED.

What happens if you have multiple observation orders? Well, if more than one order for Observation Status is found in the medical record, you will abstract the first order that meets criteria. So, for example, order for Observation was placed at 1300, but another physician places an

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Observation Status order at 1420. The patient physically departed the ED at 1600. Well, what are you going to abstract? Well, you're going to abstract the first order for Observation which was at 1300 for ED Departure Time. This first order meets criteria, and the patient is no longer under the care of the ED at that point.

Okay, I think we have some extra time here. Alex, let's go over some questions and give you an opportunity to respond here. Is that okay with you, Alex?

Alex Feilmeier: That sounds great.

Karen

VanBourgondien: Alright. So, I have a question here and it's, "How often are facilities 'randomly selected'?" Could a hospital be selected for three or four years in a row if there were no issues with their Confidence Interval? Great question. Alex?

Alex Feilmeier: Yeah. The random hospital selection process is entirely randomized across all eligible hospitals. So, it is possible for a hospital to be selected in consecutive years, regardless of Confidence Interval results. We'll call it the luck of the draw.

Karen

VanBourgondien: Validation lottery! Okay, next question, Alex. What's the main difference between the outpatient and inpatient data validation for selected hospitals? And that's a great question because a lot of people do abstract for both programs. So, can you give us a little idea on what the difference is between those two programs?

Alex Feilmeier: Yeah, there's not a lot of difference. The method by which validation occurs is the same for both the inpatient validation efforts and the outpatient validation efforts. You can review the inpatient and outpatient data validation overview pages on the CMS *QualityNet* website for a description of each program. And maybe we can put that in the chat box, those links to both of those inpatient and outpatient pages. But, like I said, there is not a whole lot of difference. You're just abstracting the measures specific to the specifications for each program. And the validation efforts occur in the exact same way.

Karen

VanBourgondien: Okay, super, Alex. Thank you. And yeah, great idea, we will put the link to the inpatient and outpatient pages that Alex mentioned in the chat box. Next, will a list of the selected targeted hospitals be posted to a website like the randomly selected hospitals list? Alex?

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Alex Feilmeier: Yeah, this is a good question because the list that is posted on *QualityNet* that contains both the randomly and targeted selected providers. It just does not publicly indicate which hospitals were selected randomly and which were targeted. So, when you go out to *QualityNet* and you view that list, it does include both randomly and targeted selected hospitals all in the same list. If you would like to know if you were randomly selected or if you were targeted, and for what reason, you may reach out to us at validation@telligen.com and we would be happy to tell you.

Karen VanBourgondien: Oh, great! Thank you, Alex. Next question, is the Confidence Interval calculated for each submitted quarter? To pass the validation, does the CI have to be above 75 percent for each quarter or just the total of the four quarters? I think that is a great question. Alex?

Alex Feilmeier: It is a great question. To be clear, the final Confidence Interval will not be calculated until after all four quarters of validation has been completed. So, it is not just based on how well you did on one quarter. For example, if you didn't do well and you had less than 75 percent in one of the quarters, that doesn't mean you automatically fail the validation effort. It is inclusive of all four quarters and a cumulative confidence interval is determined. For further information on how it is calculated, you can review the Confidence Interval document on the Outpatient Data Validation Resources page on *QualityNet*.

Karen VanBourgondien: Okay, great. Thank you. And we will also put that link in the chat box if you need that. Next question. What if the validation team chooses an element from the patient chart that is incorrect, and the element is in the chart in a different place? If this caused a mismatch, how does this get resolved?

Alex Feilmeier: This would be a perfect opportunity where a hospital disagrees with the validation result for a case, and they can then submit an educational review. If you have case-specific questions, CMS does offer those educational reviews of validation results. The deadline for requesting an educational review is within 30 days of that Case Detail Report being posted. So, it is important that you review your report as soon as you are notified. If you have any questions, request an education review by going to the Educational Reviews page of the CMS *QualityNet* website and we will perform that review so long as it is within 30 days of receiving it.

Karen VanBourgondien: Thank you, Alex. That's great information. Next question. Which department within our facility receives the CDAC package? Great question.

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Alex Feilmeier: Yeah, the CDAC sends a written request via mail, so it will come from FedEx right now, and it is directed to “Medical Records Director,” and it asks for submission of all the patient information in that packet. So, it is not sent to a department, per se, it is sent to “Medical Records Director.” And the reason that CMS has determined this to be the best option is because submitting it to an individual person, if that person leaves the facility, that packet may get lost. And this has been determined to be the best place to send that; it’s “Medical Records Director.”

Karen VanBourgondien: I think that’s a good point. There is a lot of transition. People come and go, so yeah, I can see that as well. Next question, Alex. Is there a plan to switch from a mail delivery service to email for the delivery of medical record requests?

Alex Feilmeier: At this time, the request for medical records is only being sent via a mail delivery service. Any future changes to the request method will be communicated to hospitals, but right now that is not how it is being sent. And we do not know yet if it will be sent in a different method in the future. If so, we will let you know.

Karen VanBourgondien: And I think you said that. Right now, it is FedEx correct?

Alex Feilmeier: Correct. Right now, it is FedEx. And it has been for a while. For those of you that have been validated before, the packet has not changed. It has been the same for quite a few years. Alex?

Karen VanBourgondien: Okay. Next question I have is: When submitting a medical record, is a PDF of a screenshot of a time that is found using the “hover” time of a field an acceptable document? Alex?

Alex Feilmeier: Yes. Screenshots of information contained within the EHR are technically part of the medical record. So, screenshots will be considered acceptable sources when they’re submitted with the record. If a text field within the actual EHR contains formation or an explanation of the referenced documentation, it could be taken into consideration, as well, but it is important to note that, although this information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. The CDAC abstractors are still going to follow data element specific guidelines.

Karen VanBourgondien: Thank you, Alex. We have time for a few more questions, so the next question is: If a hospital finds it is unable to submit the requested medical records for validation by the deadline, could the hospital submit an ECE request? Great question.

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Alex Feilmeier: I can't give you a yes or no; however, the facility may be eligible for an exception, so they could submit a request for an ECE. They would need to reach out through the normal policy found on a *QualityNet* link, I don't have it with me, maybe we could post that in the chat, as well, but I want to clarify, we at the Validation Support Contractor do not receive or process or make any decisions on the ECE requests that come in.

Karen VanBourgondien: Okay, so to clarify, they would just have to follow the ECE process. We will put that link into the chat box should anybody need that and the whole ECE policy and process will be on that page for anybody who needs that. So, thank you Alex. Next question: Do the validation results include the data element details or just the measure outcome match versus mismatch? Alex?

Alex Feilmeier: The results that hospitals receive will be on that Case Detail Report that we talked about in the presentation earlier. That Case Detail Report displays the results of your abstraction determined by the CDAC on each selected case, and that includes element-level information as well as measure outcomes and educational comments related to any discrepancies between the hospital and the CDAC. So, yes, the outcome results that you receive will include educational information on everything you submitted and how the CDAC came to that determination.

Karen VanBourgondien: Thank you, Alex. So, I think we have time for just one more question. And the last question is: Once we request an educational review, how long will it be before we have the results of that review?

Alex Feilmeier: This does vary. Educational reviews are considered in the order they are received, but depending on how many requests we are receiving, depending on how many hospitals received their results, and maybe we got a whole big chunk of results released at once, but it is typically sent within a few weeks of submitting your Educational Review, you'll have a response from us.

Karen VanBourgondien: Thank you, Alex. I appreciate you spending all the time today going over all of this and answering so many questions. We really appreciate it. So, Alex mentioned that having an outlier value for a measure is one of the targeting criteria for validation and we talked about that earlier in the presentation. So, we, as the Support Contractor, will send you - your hospital - an email notifying you that an outlier has been identified. And, again, this could be one or this could be many data outliers. You could have more than one, that has happened. Outliers are just simply values that are statistically distant from the average data points and can indicate

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possible errors in your data submission. So, a common example for this would be a discharged date or a time. It may come up as a month. Well, so a patient in the ED for a month is not reasonable so oftentimes, it is just a matter of someone just made a typo of some sort. So, for example, maybe the patient was admitted lets just say November 1st, 11/1, and when submitting the data, instead of putting 11/1 for November 1st as the discharge date, maybe they made a typo and put December 1st, 12/1, instead of 11/1. Something like that. That could be the error. If you get one of these outlier emails, you definitely do want to verify that the information you abstracted is correct. So, remember, you're going to run that Submission Detail Report for the Encounter Quarter in the HQR system to find that patient identifier. You're going to look at the data you did submit. If an error is confirmed, please correct the error, and resubmit the case through the HQR system and you have to do that before the submission deadline. Now conversely, if an outlier is not in error and the data is correct, then you don't need to do anything. No further action is required. As always, if you ever have any questions, or you need help, just give us a call; we will be glad to walk you through anything you need.

So, just a few reminders before we wrap up today. Please remember to log into the NHSN and HQR systems every 60 days. If you don't do that, you do risk your account being locked and there's nothing worse than going to submit your data -- maybe you got busy or you went on vacation and you're running a little late and you're submitting data on the day of submission deadline and your account is locked. That has happened. We get many calls to that extent, so please do not let your account lock up. Just simply log in every 60 days. You don't have to do a whole bunch, you just need to log in. That usually keeps your accounts active.

Another reminder, OP-38, the COVID Vaccination Among Healthcare Personnel measure, that is still a program requirement. We have gotten a lot of questions since the Public Health Emergency has officially ended. Do we still have to submit that data? Yes, you do. It is a program requirement. Please make sure your hospital is submitting that data quarterly.

Also, Alex mentioned during the presentation to make sure to update your contacts to make sure that the hospital gets the validation request. Well, you also need to make sure your contacts are up to date because we do send you a lot of information and I cannot stress enough how important it is to make sure that we have up to date information. We send all kinds of notices about deadlines, changes, important program updates, education and yes, also those outlier email we just talked about. So, I am going to put a direct link to the form that you fill out and you're just going to email it to the address that is on slide 10 that Alex mentioned, which is

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QRFormsSubmission@hsag.com. And that is all written out for you on the form to the link that I am going to put in the chat box.

So, if you have validation-specific questions, you can email them to the Validation Support Contractor. And their email is validation@telligen.com. It is right here on this slide. You can also enter your question in the CMS Questions and Answers Tool. We have that link here on the slide. I will also put it in the chat box. When you submit your question to the validation contractor, they do request that you include your CCN number. This will really expedite a reply and they would be able to include information specific to your hospital.

Here are some resources for you. The NHSN email that we have noted here, I am not sure if you are aware, this is really new, hot off the press, if you will -- the NHSN system has also been added to the CMS Question and Answer tool, so you should be able to communicate with them through that application as well.

So, as always, thanks for joining us. We really appreciate it. And Alex--thank you for joining us and presenting the validation information and addressing all of the questions. We really appreciate your expertise.

So, take care everyone and we will see you next time.