Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program Fiscal Year 2021 Chart-Abstracted Validation Overview for Randomly Selected Hospitals

Presentation Transcript

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Candace Jackson: Thank you, everyone, for joining today's presentation titled, *Hospital IQR Program Fiscal Year 2021 Chart-Abstracted Validation Overview for Randomly Selected Hospitals*. I am Candace Jackson, the Project Lead for the Hospital Inpatient Quality Reporting Program with the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I would like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, *www.QualityReportingCenter.com*, and to the *QualityNet* site at a later date. If you are registered for this event, a reminder email, as well as the slides, were sent out to your email a few hours ago. If you did not receive that email, you can download the slides at our inpatient website. And, again, that is *www.QualityReportingCenter.com*. I would now like to welcome and introduce our guest speaker for today, Alex Feilmeier, Lead Health Informatics Solutions Coordinator from the Value, Incentives, and Quality Reporting Center Validation Support Contractor.

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 & Medicaid Services Hospital Inpatient Quality Reporting Program chart-abstracted data validation process for fiscal year 2021. Please note, this webinar presentation is not related to the eCQM validation program, which is a separate program with differently selected hospitals. Hospitals selected for chart-abstracted validation will not be selected for eCQM validation and vice versa.

At the conclusion of this webinar, participants will be able to understand the fiscal year 2021 Hospital IQR chart-abstracted data validation program process as a whole, identify the deadlines and associated required activities related to data validation for fiscal year 2021, submit fiscal year 2021 healthcare-associated infection [HAI] validation templates through

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

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

CMS assesses the accuracy of chart-abstracted and HAI data submitted to the Hospital IQR Program through the validation process. CMS verifies on a quarterly basis that hospital-abstracted data submitted to the clinical warehouse and the 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 hospitals on an annual basis. Currently, 400 hospitals are randomly selected in the fall and up to 200 additional targeted hospitals are selected in the spring.

IQR fiscal year 2021 chart-abstracted data validation consists of the following quarters: third quarter 2018, fourth quarter 2018, first quarter 2019, and second quarter 2019.

CMS will validate up to eight cases for clinical process of care measures per quarter, per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The measures available for validation across the entire validation fiscal year are: Emergency Department, Immunization, Venous Thromboembolism, and Sepsis. The clinical process of care measures available to be validated in each quarter of the fiscal year 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, Catheter-Associated Urinary Tract Infection, Methicillin-Resistant *Staphylococcus aureus* Lab Identified Events, *Clostridium difficile* Infection LabID Events, or Surgical Site Infection. All hospitals selected are 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 a signed validation template to CMS for each of the four quarters of the fiscal year that they have been selected to be validated. All selected hospitals will be validated for SSI. Data for the SSI sample selection will not come from validation templates but will rather come from claims-based data submitted by hospitals to CMS for patients who had colon surgeries or abdominal hysterectomies. CMS will select up to two candidate SSI cases.

This year, the 400 random hospitals were selected in January of 2019 and the 200 targeted hospitals are anticipated to be selected in May of 2019. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS final rule.

Annually, for both the random and targeted hospital selections, a news article, along with a list of selected hospitals, is posted on *QualityNet*. A ListServe is released to notify the community that the selection has occurred and the Validation Support Contractor sends an email notification directly to the hospitals selected.

Hospitals that have been selected for validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, hospital IQR, infection control, CDAC medical records, and quality improvement. The Validation Support Contractor monitors email communications to ensure that all hospitals are notified of selection. Any emails that bounce back are researched. Hospital contacts are then asked to be updated in the CMS system to ensure that future notifications are received.

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 a blue sidebar towards the top of the page under the 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.

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, or 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. Hospitals will start the entire process by filling out validation templates for the types for which they've been selected and then submit the templates to the validation contractor via the *QualityNet Secure Portal* Secure File Transfer application. The templates contain protected health information, also known as PHI, and may only be submitted using the *QualityNet Secure Portal* Secure File Transfer application. Templates sent via any other method will be rejected and considered a 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 *QualityNet* Security Administrator. If your Security Administrator is unable to reestablish your access, contact the *QualityNet* Help Desk at (866) 288-8912.

After the cases for validation have been selected for the quarter, based on the information submitted on the templates, the hospital receives a case selection packet from the CDAC. The CDAC will mail a medical records request packet to the attention of medical records director, which contains detailed instructions and case listings. It typically takes 10 or more days after the quarter submission deadline for this sample of cases to be selected and sent out. The case selection list hospitals receive from the

CDAC will contain requests for clinical process of care measures and HAI measures, including SSI, to be validated. The hospital has until the date listed on the quarter's request to send their records to the CDAC. The CDAC then re-abstracts and adjudicates the selected cases.

It typically takes approximately four months after a quarter 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 the fiscal year, annual payment update—also known as APU—results are expected to be released in late April or early May, at which point hospitals will be notified of their validation pass or fail status. For fiscal year 2021, this is anticipated to be April or May 2020. To determine the pass/fail status, CMS calculates the total score, reflecting a weighted average of two individual scores for the reliability of the clinical processes of care and HAI measure sets. Hospitals may run their end-of-year Confidence Interval Report, which determines a validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospitals will pass the Hospital IQR Program validation requirement. Once fiscal year 2020 has concluded, a detailed fiscal year 2021 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 2021 randomly selected hospitals, which were notified in January of 2019. Validation templates are due no later than 11:59 p.m. Pacific Time on each associated deadline date. Validation templates may be submitted immediately following the last day of each quarter period. One template is required for each quarter of data for each type of validation template assigned. Please note, for the randomly selected hospitals, validation templates are due before the IQR clinical warehouse submission deadlines and NHSN submission deadlines each quarter. The fiscal year 2021 targeted hospitals have not yet been selected.

For the entire validation fiscal year, hospitals selected randomly should follow the deadlines associated with the 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 resubmit 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 directions specific to the submission of the template's HAI type; the Template tab, where hospitals enter their data; an NHSN Location or NHSN ICU Location tab, depending on the template type, which lists all acceptable locations for the respective HAI type; and a Fiscal Year 2021 Submission Instructions tab, which provides step-by-step detail on how to submit validation templates using the *QualityNet Secure Portal* Secure File Transfer application. Do not alter or change the original format of the validation template. Do not delete, rename or change the order of the tabs. If any format changes are made, the template will be rejected.

Some template completion tips for avoiding validation template submission errors are as follows. Refer to the Fiscal Year 2021 Validation Template User Guidance and Submission Instructions document posted on the Chart-Abstracted Data Validation Resources page of *QualityNet*. A direct link is provided on this slide. Verify the correct fiscal year validation template is being used. Do not alter the original format of the validation templates. Review the Definitions tab on each 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 dates for accuracy. And 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; and 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 templates is typically received within two business days of initial submission. If the submitter does not receive a processing confirmation email, please include the hospital's six-digit CCN Provider ID and an email address to validation@HCQIS.org. After validation templates have been processed, the submitter of the template and the contact listed in the template first row will receive a confirmation receipt email indicating one of two things: Either, one, successful submission or, two, 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 the errors to be corrected. Please make the corrections specified in the email and resubmit the file via *QualityNet Secure Portal* Secure File Transfer application. Do not attach a template to the error email, or this will be considered a breach of PHI. Validation templates may only be resubmitted up until the quarterly deadline. If error emails are received, these errors must be corrected and the template must be resubmitted prior to the submission deadline. An error in the template does not extend a submission deadline. When resubmitting a revised validation template, include a note in the *QualityNet Secure Portal* Secure File Transfer message indicating that a revised template is being submitted. And please also include the word

"revised" or "resubmitted" in the file name, as this will assist the Validation Support Contractor in processing.

At predetermined points up until the validation template deadline each quarter, the Validation Support Contractor will send emails and attempt to contact any hospitals that have not yet submitted. Validation templates with errors are not considered as submitted. If 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 and all would be scored zero over one. If a hospital submits a validation template and receives an error notification email, but does not make corrections and resubmit the validation template [by the] deadline, placeholder cases will also be assigned and scored zero over one.

The Validation Support Contractor performs some courtesy checks on the validation template to assist hospitals with submitting accurate data. 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 or is being submitted, or the data are accurate as submitted and no changes are needed. Some examples of discrepancy checks are: Listed CAUTI/CLABSI culture dates not between the admit and discharge date; differences in data that is listed on multiple rows of the template that appear to be the same patient and same episode of care; or discrepancies between the two assigned template types exist where a patient is listed on both templates but the date of birth, admit date, or discharge date are different from what appears on the same episode of care. Also, MRSA/CDI Emergency Department and/or observation location checks could be sent.

Validation templates are not validated. They are used to select HAI cases to be validated each quarter. CMS performs a random selection of cases submitted from each validation template type submitted per hospital being validated. Remember, there are not validation templates for SSI cases.

After a validation template submission deadline has passed, data submitted on a validation template cannot be changed.

This slide provides a more visual representation of what is included in the HAI sample selection. As explained, CMS will validate up to 10 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 who had colon surgeries or abdominal hysterectomies and which appear suspicious of infection. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet sample target size. Requests identified from Medicare claims data may include a request for an index admission and a readmission record. When both types are requested, both records should be submitted.

The CDAC will send hospitals a written request to medical records director, using FedEx, to submit a patient medical record for each case and candidate case that CMS selected for validation. It is important that a packet be routed to the correct individual or individuals responsible for filling the request as soon as possible. It is important also to note that 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 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.

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 report's role. Please note that this report can take several business days after the original request date to become available. To access the report, log into the *QualityNet Secure Portal*; select My Reports; then Run Reports; select the Run Reports tab; under the Report Program, select IQR; 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, et cetera. 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've been copied and prior to them being sent to the CDAC. Regardless of who copies your medical records—whether that be hospital medical records staff, independent copying services, et cetera—all records should be carefully reviewed prior to sending 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 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 records requested by CDAC can be found on *QualityNet* by hovering over the Hospital – Inpatient drop-down and selecting the Data Validation (Chart-Abstracted & eCQMs) 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 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.

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 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 results for the quarter. The Validation Case Detail Report provides a list of all elements abstracted compared to CDAC re-abstraction on each case. The support also becomes available after the hospital receives results for the quarter.

The Case Selection Report lists a hospital's cases selected for validation each quarter, including all available patient identifiers. This report becomes available after the CDAC mails the records request packet. This report also displays the medical records request date, the due-to-CDAC date, and each record-received date. The record-received date remains blank until a record is received by the CDAC. Please note, it could take up to 24 hours for the record-received date to populate. To verify receipt of your records, contact the CDAC directly via email at CDAChelpdesk@HCQIS.org, or by phone at (717) 718-1230, extension 201.

The 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 re-abstraction 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 Reports section of the *QualityNet Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may

request an educational review. The information needed to request a review can be found on *QualityNet* by hovering over the Hospitals – Inpatient drop-down and selecting the Data Validation (Chart-Abstracted & eCQMs) 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 2021 payment determination and subsequent years, if a hospital requests an educational review for any of the first three quarters of validation and this review yields incorrect CMS validation results for chart-abstracted measures, the corrected quarterly score will be used to compute the final confidence interval. Note that the confidence—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 insufficient time available to conduct education reviews, the existing reconsideration process will be used to dispute unsatisfactory validation results for the last quarter of validation. If a hospital does not fail validation, the hospital still would have an opportunity to request an educational view 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 a confidence interval has been 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 fiscal year 2020 has concluded, a fiscal year 2021 confidence interval document will be posted on the Chart-Abstracted Data Validation Resources page of *QualityNet*.

If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in late spring indicating they have failed APU. At that time, a hospital may request a reconsideration appeal of their 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* by selecting the Hospital Inpatient Quality Reporting Program from the Hospitals – Inpatient tab drop-down and then selecting APU Reconsideration 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 & eCQMs) link from the Hospitals – Inpatient dropdown, followed by selecting Chart-Abstracted Data Validation Program. From the navigation bar on the left side of the Chart-Abstracted Data Validation — Overview page, select Resources. A direct link is provided on this slide. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk at the information provided on this slide.

Questions may be asked by directly emailing the Validation Support Contractor, or by using the CMS question-and-answer tool on *QualityNet*. Direct links are provided on this slide. Whether asking the question through a 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. So, Candace, back to you for questions.

Candace Jackson: Thank you, Alex. Thank you for that information today. I'm sure it will be helpful for everyone. At this time, we will have some time to do a brief question-and-answer session. I'd just like to remind everyone that, if we do not get to your question, all questions submitted through the chat tool today will be responded to and posted on the quality resource center web page and the *QualityNet* web page at a later date. So, at this time, we will get started with our Q&A. And our first question is: My question is, since we do not have an ICU, do we still have to submit CAUTI and CLABSI data, or do we enter zeroes, or is there an exception form?

Alex Feilmeier:	So, the—if you were selected for CAUTI and CLABSI, but you don't have an ICU, you are still required to submit validation templates. But, if you review the Validation Template User Guide and Submission Instructions document that is located on the data validation Resources page of *QualityNet*, you will see that you can submit the templates and select No from the positive cultures drop-down, which indicates that you had no positive cultures that met the definitions for the quarter. You still will be validated for SSI cases submitted through claims data, if you have them, as well as clinical process care measure submitted through the clinical warehouse. As far as, is there an exception form? Yes, there is an exception form. It may be helpful to reach out to the inpatient support contractor if you're curious about that.
Candace Jackson:	Thank you, Alex. And our next question—kind of on that line—is: Please clarify, if a hospital is currently listed as selected to provide validation of HAIs, does this mean they will also have charts selected for validation of the IQR measures, such as ED, IMM, SEP and VTE? We have only received formal request for the HAI validation template submission and the list posted only specifies CAUTI/CLABSI.
Alex Feilmeier:	That's a good question. And, it looks like from the chat box, there are several people that are wondering about that. The notification that went out does specify that all hospitals that are selected for validation are selected for both clinical process of care chart-abstracted and HAI measures. So, all hospitals that are selected for validation are selected for both types of measures. The list that is posted out on *QualityNet*, it just indicates the HAI validation template type to which the hospital was randomly assigned. So, half of those hospitals that were selected for validation are assigned to submit CLABSI and CAUTI and the other half were assigned to submit MRSA and CDI. But all hospitals are validated for clinical process of care chart-abstracted measures.
Candace Jackson:	Thank you, Alex. And our next question, which I think will be very beneficial to all those doing validation, can you give us some tips to help make the CDAC record-submission process go as smoothly as possible?

Alex Feilmeier:	Yes. So, as I mentioned earlier, the IQR chart-abstracted data validation hospitals may submit medical records to CDAC either electronically, as PDF files on encrypted removal media, or through the CMS Secure Portal Secure File Transfer application via a PDF file. Regardless of the way that they submit, whether it be removable media or Secure File Transfer, it needs to be in that PDF file format. And, to help with that, it should also be named using the CDAC document ID number that is printed on each individual medical record cover sheet included in the request packet that you received. And you should not use patient names or other identifiers as that file name. And this information is included in the packet that is sent by the CDAC. So, this isn't something you need to be taking notes on as this information will be provided to you specifically. Also important, one file per medical record requested is preferred by the CDAC. But, if you have to split the medical record into multiple files due to file size, the name should indicate how many parts are in the record. So, if you have to split the file up, you could name it part one of three, part two of three, and so on. And this—that would help the CDAC in combining the files for processing. If you are submitting files on removable media, the media should be labeled with your six-digit CCN number. If you're submitting through Secure File Transfer, your CCN should be included in the subject line. When you're submitting via Secure File Transfer, be sure to select the CDAC medical records group as the email recipient. Attaching too many files at one time could cause transmission to fail. So, to improve your chances of successful transmission, only attaching two or three files in each Secure File Transfer message is probably helpful to you. If your submission is not listed in your sent folder, it may be helpful to check in the sent folder and see if it's there. If it's not, it may not have been sent. And it may be helpful to reach out to the CDAC and confirm that it's been received by them. And again, all of that information is included in the packet information that you will be sent by the CDAC. So, if you follow the instructions exactly, I think all of the tips are provided to you there. That was a long answer.
Candace Jackson:	Great, thanks, but very beneficial. Thank you, Alex. Our next question is, we are a small regional hospital and were selected for validation in 2015,

	2017, 2018, and now again for 2019. Our confidence interval scores have been high. Why do we keep getting selected? The hospital selection process for validation doesn't seem so random. Are hospitals selected out of a national pool or a state pool?
Alex Feilmeier:	To answer the last question first, the hospitals are selected out of a national pool. It's not by state. The random provider selection that occurs first is, in fact, entirely random. I would be interested to have this hospital reach out to us and ask us the question, including their six-digit CCN number. It may be possible that the hospital was not, in fact, randomly selected all of the years. Maybe they could have been targeted. And in— some of the—one of the slides, I talked about targeting criteria. And there are many different criteria which could—how the hospital be selected as part of that targeted pool—and that may be why they were selected, even though they passed the confidence interval score. There may have been other reasons why they were selected. However, it possibly could be just luck of the draw, being randomly selected in multiple years. But it is, in fact, random.
Candace Jackson:	Thank you. And our next question: Can a hospital be randomly selected for HAI, then also selected as a target hospital for inpatient core measures?
Alex Feilmeier:	I think this one goes back to one of those first questions that I answered. And, that is, all hospitals that are selected for validation are selected for both clinical process of care as well as HAI. And all hospitals will need to submit both. So, I think that should answer the question.
Candace Jackson:	Thank you. And our next question: When will the fiscal year 2021 targeted hospitals be selected?
Alex Feilmeier:	Fiscal year 2021 targeted hospitals should be selected sometime in the May 2019 time frame.
Candace Jackson:	And, not necessarily related to this webinar, but on the same track: When will the eCQM validation results for 2018 be ready?

Alex Feilmeier: While this is a webinar based only around the chart-abstracted validation process, it is a good question and some may be wondering it. The eCQM validation results should be released to those hospitals that were selected within the next several weeks.

Candace Jackson: Thank you. And our next question is in regards to this CDAC request process and that needing to change. The submitter says many hospitals have done away with a medical records director with the inception of EHR. As a Secure Administrator, it takes us about seven to 10 days to locate the packets as we contact CDC to see who signed for the packet—or CDAC, excuse me, as we contact CDAC to see who signed for the packet—and then track it down. Can you comment?

Alex Feilmeier: Yeah, actually, I would be happy to comment. This is a good question and I'm glad it got brought up. We recognize the struggle that some hospitals have faced with locating the packet—if it's sent to an incorrect individual, perhaps, or it goes somewhere else in the facility. Recently, there has been a change to the contact list that hospitals can now enter a contact name for someone who is specifically in charge of CDAC medical records, as opposed to medical records that was a contact type in the distant past. So, hopefully, in a hospital reaching out to either us or the inpatient support contractor, they can get that contact person changed on the CMS database. So, that person will be fully aware when that packet is sent and they can then make sure the packet is—they keep an eye out for the packet. However, at this time, the medical records request packet will still be directed to, quote, medical records director, unquote, because it has been found that that is the best location to send at this time. If you have comments on something that you may find would be a better option, feel free to reach out to us at the Validation Support Contractor and we can bring it to CMS and see what other options might be available.

Candace Jackson: Thank you, Alex. And our next question: Since our HAI data is reported by NHSN, do we submit the template or does that come from NHSN?

Alex Feilmeier: Good question. You will still have to submit HAI validation templates for each quarter that you've been selected. If you remember in this

presentation, one of those slides that stated that validation templates are used to select the cases for validation. The templates themselves aren't validated. So, once template cases have been selected, we're then able to communicate and work with the CDC based on what you have submitted to validate through that route.

Candace Jackson: Thank you, Alex. And our next question: I am new in this role and I am not sure what placeholder cases are. Can you please clarify?

Alex Feilmeier: Absolutely. Placeholder cases really won't—they really won't be used for the vast, vast majority of hospitals. And the reason they won't be used for the vast majority of the hospitals is because placeholder cases are only assigned if a hospital does not submit their validation templates. So, so long as you submit a validation template, you will not receive placeholder cases because placeholder cases are what we call dummy cases. They're put into the request because your hospital did not submit validation templates and therefore they'll be scored zeroes. So, there's nothing to worry about and there's nothing to learn from that, as long as you just submit your templates by the deadline.

Candace Jackson: Thank you, Alex. And we have time for one or two more questions. Our next question: Do you have to submit cases on the template throughout the quarters continuously, regardless if you have been chosen to be validated or not?

Alex Feilmeier: I'm not 100 percent sure of the real question, but I'll answer what I think. The validation templates must be submitted each quarter by each quarterly deadline. If what the person is wondering is, can I submit them early? Yes, you may submit each individual quarter as early as you'd like, so long as the quarter has completed. So, for example, you would not be able to submit second quarter 2019 data because second quarter 2019 has not—it hasn't ended yet.

Candace Jackson: Maybe I can put a different spin on that question, Alex. What if the submitter was asking: Do I still have to submit the template, even if I'm not selected for validation?

Alex Feilmeier: If a hospital was not selected for validation, they do not have to submit validation templates. Only those hospitals that are selected for validation are required to submit validation templates.

Candace Jackson: And our last question today: If you have no HAI cases for one of the chosen types, such as no MRSA, what do we do?

Alex Feilmeier: If you have no cases that meet the definitions within the definitions tab instructions on the validation template, you can submit the template with a no in that yes-or-no indicator. And you can find instructions on how to do that in the user guide and submission instructions document posted on *QualityNet*.

Candace Jackson: Thank you, Alex, again, for presenting this information to us today. Again, all questions and answers will be posted at a later date. And I would now like to turn the webinar over to Dr. Debra Price for a brief overview of the CEU process. Dr. Price?

Debra Price: Thanks for attending today's event. And the presentation has been approved for continuing education credits by the boards listed on this slide. And, if your board is not one of those boards listed, you can forward the certificate to your own board and see if they accept this certificate across state lines. Now, you can always reach out to me if you have issues.

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