Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Validation Program
HAI Validation Template Submission

Questions and Answers

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Question 1: **As I understand it, you don't just want Medicare numbers, but any health insurance numbers including Medicaid.**

Actually, we only want a valid Health Insurance Claim (HIC) Number; please leave this field blank if you do not have a valid, standard HIC Number. Refer to the Definitions tab of each Validation Template for the description of a valid Patient HIC number.

Question 2: **Can you please let us know how the 75% accuracy is calculated? Is it 75% per quarter or for the entire validation period, i.e. all 4 quarters? If it is per quarter, does that include all cases/types of HAIs including SSI per claims data?**

Please refer to the FY 2018 Confidence Interval Document posted on QualityNet: *https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076. The breakdown for weighting is found on Table 1, page 11,* Final Weighting to Combine Scores across Chart-Abstracted Topic Areas Included in Validation for FY 2018 Payment Determination.

Topic Area	Weight Percent
Healthcare-associated infection (HAI)	66.7
Clinical Process of Care	33.3
Total	100

All four quarters of validation results are combined to calculate the confidence interval. All cases validated each quarter are included in confidence interval calculation, Clinical Process of Care, and all HAI cases. Information on the weighting of HAI and clinical process of care cases is also found in the CMS Final Rule.

Question 3: **HIC is only for Medicare patient. Correct?**

Correct, please leave the field blank if there is no applicable HIC; do not type "N/A", "none", etc.

Question 4: **Is the 75% accuracy calculated per quarter or for the entire validation period, i.e. all 4 quarters?**

CMS computes a confidence interval around the combined scores of all four quarters.

Question 5: **Where on the QNet page will it show that a hospital is included in a validation process?**

Hospitals can verify if they have been selected for IQR Program Data Validation by referring to the Hospitals Selected for Inpatient Data Validation FY2018 list: https://www.qualitynet.org/dcs/ContentServer?cid= 1140537256076&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page. The list is located on the upper right-hand side of the page. If a hospital is not on the list, they are not required to submit Validation Templates.

Question 6: **Who do you recommend should be listed for Contact Name/Phone/Email? Who again would be notified? HIM, Infection Prevention,?**

When filling out the Hospital Information Section of the Validation Templates, it is best to list the person who is able to answer questions about the data submitted; this would typically be an Infection Control staff member. The following contact types will receive Validation-related notifications: CEO, Hospital IQR, Quality Improvement, Infection Prevention, and Medical Records.

Question 7: **So a valid HIC number is a Medicare number correct?**

Correct, a HIC number refers to a Medicare Health Insurance Claim number.

Question 8: **Can you please answer my question about the correct date formatting? What was presented in this presentation contradicts what is written on the templates... but the format of the date columns of the templates also do not match the instructions.**

The Definitions tab on the Validation Templates says to enter dates in the MM/DD/YYYY format. You will need to enter dates in the MM/DD/YYYY format. After you enter the dates in the MM/DD/YYYY format, some versions of Excel drop the leading zero on the months and days. This is completely acceptable. What is NOT acceptable is, if a year is entered without all four characters. Please do NOT change the format of any of the cells. Please see the Validation Templates User Guide and Submission instructions if you are still unsure.

Question 9: **Who do you recommend should be listed for Contact Name/Phone/Email?**

When filling out the Hospital Information Section of the Validation Templates, it is best to list the person who is able to answer questions about the data submitted; this would typically be an Infection Control staff member. This is because errors may be found on the Validation Template(s) and it is important that the error emails be delivered to someone who can answer questions related to the incorrect data, fix any errors, and resubmit the Validation Template(s) by the submission deadline for the quarter.

Question 10: **Is there a maximum number of times a hospital can be randomly chosen? If not we have been very unlucky!**

There is not a maximum number of times that a hospital can be randomly selected for Validation.

Question 11: **Just to confirm, even though instructions say to write all dates as mm/dd/yyyy, you would prefer us to allow Excel to default March 3rd, 2016 to 3/3/2016 (m/d/yyyy) than to reformat the columns to make it 03/03/2016?**

After correctly entering dates in the MM/DD/YYYY format, Microsoft Excel often drops the leading zero from single-digit months and days. For example, entering 01/01/2015 sometimes displays as 1/1/2015. This is normal and acceptable for months and days; however, the year must ALWAYS remain in the four-digit YYYY format. Please do not attempt to re-format the cell.

Question 12: **We already submitted quarter 1, 2016, templates; however, we recently participated CDPH location validation and found that we had incorrect NHSN location mapping, so we have updated quarter 1 data in NHSN. Should we re-submit our templates for quarter 1 to Qnet? Today is the due date.**

Hospitals randomly selected for FY 2018 Data Validation may re-submit quarter one 2016 Validation Templates up until the deadline of 11:59 p.m. PST today, August 1, 2016.

Question 13: **What is IRF?**

An IRF is an Inpatient Rehabilitation Facility.

Question 14: **If there is a grammatical or typographical error on the validation template by the hospital, will it result in a formal mismatch during CMS validation review?**

Typographical errors can cause mismatches. If a birth date, admit date, discharge date, patient identifier, or patient HIC is incorrectly entered on a Validation Template, it could cause a mismatch. Cases are selected for validation from the data submitted on the Validation Templates. When the Clinical Data Abstracting Center (CDAC) requests a medical record, it is based on the information submitted on the Validation Template(s). If upon receipt of the medical record requested, the corresponding patient information does not match the episode of care requested, the record could be assigned an incorrect date(s) of service, or invalid record status. It is recommended that hospitals review all data for accuracy prior to submitting Validation Templates.

Question 15: **For SSI claims data, we have a June colon surgery incorrectly coded for May. HIM would not amend the record to reflect the correct date. Should we report this as a May or June surgical procedure?**

Please check with your hospital-billing department to see how to submit the case to CMS. Also, check the hospital's policy regarding medical record documentation and how the dates in the record should be documented based on the episode of care, billing, and services provided. Be aware that, if the medical record dates do not match the claim submitted to CMS and the case is selected for validation, then the case may be a mismatch.

Question 16:   **What is a placeholder case?**

If a hospital fails to submit a quarterly Validation Template(s) a placeholder case is assigned for each potential case that could have been selected to be validated for the quarter. For FY 2018, up to 10 HAI cases can be selected per quarter. Each of these cases would be assigned a 0/1 score. There will be no record to send to CDAC, because no Validation Template was submitted; therefore, no actual cases are present to select from for the quarter. Not submitting Validation Templates for a quarter will negatively affect the hospital's quarterly validation score.

Question 17:   **If you only have ED cases for MRSA and CDI that are not admitted, would you enter a zero on the template submitted?**

If there are no Inpatient MRSA or CDI cases to report for a quarter, submit the MRSA and CDI Validation Templates by only filling out the Hospital Information section of the template. On the CDI Validation Template select 'No' for the field Stool Specimens Toxin Positive for C. difficile (Y/N). On the MRSA Validation Template select 'No' for the field Blood cultures positive for MRSA (Y/N). Slide 21 of the presentation shows a screenshot of how this would look.

Question 18:   **How do we know if we are selected for validation?**

Hospitals receive direct communication from CMS letting them know that they have been selected as either a Random or a Targeted provider for data validation. This comes in the form of an email. Communications are sent to several hospital contacts at hospitals. The Chief Executive Officer (CEO), Hospital IQR, Infection Prevention, Quality contact, and Medical Records would all receive the email notification. Hospitals may also view the Hospitals Selected for Inpatient Data Validation list for each Fiscal year, which is posted in several locations on QualityNet*. The list initially includes all the Random providers selected for validation and then is updated to include the targeted providers once they have been selected. The list is located on the Data Validation page on* QualityNet：
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912.

Question 19: **Would fiscal year 2018 targeted selection for HAI measures automatically include process of care case selection as well?**

Yes, all Hospital IQR Program hospitals that are selected for inpatient data validation are validated for both the Clinical process of Care and HAI measures each quarter.

Question 20: **For clarification, if there was a CLABSI on a (med-surg) unit, it would not be recorded, correct? Only ICU CLABSIs to be reported is my understanding.**

That is correct for Validation Template data submission. A patient should be in one of the National Healthcare Safety Network (NHSN) Intensive Care Unit (ICU) locations that are included on the Validation Templates for Catheter-Associated Urinary tract Infection (CAUTI) and Central Line-Associated Blood Stream Infection (CLABSI) at the time that a culture is drawn or collected. Only include final positive cultures for CAUTI and CLABSI done while the patient is in an NHSN ICU Location. Please refer to the top section of the CAUTI and CLABSI Validation Templates for complete instructions on which cultures to include when filling out the Validation Templates.

Question 21: **Should cultures with a result of yeast be included?**

Yes, all final positive cultures are to be included when submitting quarterly Validation Templates. Please refer to the top section of each HAI Validation Template type for instructions on which cultures to include when filling out the Validation Templates. If a case submitted on a Validation Template is selected for validation, the CDAC will review the medical record submitted to determine if an Event occurred. The HAI Abstraction Manuals and Tool Displays that the CDAC uses when abstracting HAI cases are posted on QualityNet *at:https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076.*

Question 22: **If the patient is admitted as inpatient and dies within 24 hours, do I still need to include this in the report?**

If a patient is admitted as an inpatient and dies within 24 hours, and they had a final positive culture done while they were admitted as an inpatient, then yes, you would include these final positive cultures on the Validation Template.

Question 23: **If a patient is admitted inpatient and leaves less than 24 hours (AMA), do I include this in the report for positive MRSA?**

If a patient is admitted as an inpatient and leaves within less than 24 hours against medical advice (AMA), and they had a final positive culture done while they were admitted as an inpatient, then yes, you would include these final positive cultures on the Validation Template.

Question 24: **Please confirm, validation templates may be submitted as soon as the quarter has ended?**

Yes, that is correct, facilities can submit validation templates as soon as the quarter is complete.

Question 25: **Does a hospital receive notice to stop submitting data after the 3Qtr FY 2018?**

No, a notice is not sent to stop submitting data after the quarters of validation for a Fiscal Year are complete. Hospital IQR Program Validation typically includes four quarters, 3Q, 4Q, 1Q, and 2Q. When hospitals are selected for inpatient data validation, it is for all four quarters of the Fiscal Year.

Question 26: **If a patient with Managed Medicare has a ID # that exceeds 12 characters - do you include.**

No, CMS only wants a valid HIC Number. Please leave this field blank if you do not have a valid, standard HIC Number. Refer to the Definitions tab of each Validation Template for the description of a valid Patient HIC number. A valid Medicare Beneficiary Number, also known as the health insurance claim (HIC) number, cannot include dashes, spaces, or special characters. The number must be between seven and twelve characters in length.

Question 27: **We do not have an ICU. So, will our Clinical Process of care number of cases for review will be increased to 10?**

For FY 2018, CMS will validate up to eight Clinical Process of Care cases each quarter and up to ten HAI cases each quarter. CMS will not select additional Clinical Process of Care cases if there are not ten HAI cases to select for a quarter.

Question 28: **If a NICU has no positive cultures, you would still list it and say No under cultures?**

The positive culture/specimen field on the Validation Templates is an overall indicator for the template. Only fill out the Hospital Information Section of the Validation Template with a 'No' in the first row for the positive culture/specimen field, leaving the rest of the Validation Template blank. You would not select an NHSN ICU Location. Refer to slide 21 of the presentation.

Question 29: **Is there CEUs for Clinical Laboratory licenses?**

You can turn in our Certificate of Attendance and then see if your Board accepts it. We do not have a provider licensure for Clinical Laboratory.

Question 30: **Who again would be notified via e-mail? HIM, Infection Prevention, and who else?**

The following contact types will receive Validation-related notifications: CEO, Hospital IQR, Quality Improvement, Infection Prevention, and Medical Records.

Question 31: **How is Inpatient designation defined? Is this the billing patient type? Also, what should be used as the admit date, date of arrival to the facility or the date admitted as an inpatient?**

Inpatient status would be determined by your hospital and billing. An order would be written by a provider ordering an inpatient admission. Admit date is the date the patient was admitted to an inpatient location.

Question 32: **What role in QualityNet can our IC person have for submitting these files? I would like them to be able to do this.**

It is permissible for an Infection Control staff member of a hospital to have a QualityNet *account and be able to submit Validation Templates to CMS. The Security Administrator(s) of* QualityNet *at your hospital can set up the Infection Control staff to do this. If you have questions about setting up the actual role, please contact the* QualityNet *Help Desk and open a ticket for assistance. You may reach the* QualityNet *Help Desk by calling 866.288.8912 or sending an email to* mqnetsupport@hcqis.org*.*

Question 33: **Observation in an inpatient location is considered an inpatient if the admit date and discharge date are on different dates. That would and should be included for inpatient template based on NHSN definition, is that not correct?**

It must be clear in the medical record submitted to CDAC that a patient was admitted to an inpatient location. An order would be written by a provider ordering an inpatient admission. The Hospital IQR Program does not validate outpatient locations. If a patient remains in observation status and is not admitted as an inpatient, the case will be a mismatch. Follow the directions received from the NHSN for observation locations, this may be different than what is reported to CMS on the Validation Templates.

Question 34: **If a facility designates some of its ED room as "inpatient" reflecting when the patient receives an inpatient care team and the ED unit is called ED inpatient medical ward. Will this be accepted by CMS as some stays in this virtual unit does exceed 4 days. No observation patients are in this virtual unit only the inpatients.**

It must be clear in the medical record submitted to CDAC that a patient was admitted to an inpatient location or the case will be a mismatch. An order would be written by a provider ordering an inpatient admission. The Hospital IQR Program does not validate outpatient locations. Emergency Department (ED) locations are typically outpatient. Please refer to the NHSN Location/NHSN ICU Location tabs on the Validation Templates for valid NHSN locations to select when reporting final positive cultures to CMS.

Question 35: **When are the medical records sent in for the Validation templates?**

Approximately 3-4 weeks after the Validation Template submission deadline for the quarter, hospitals will receive a medical records request from the CDAC. The records request will indicate the due date of the medical records to CDAC. For the Hospital IQR Program, hospitals have 30 days to submit the requested medical records. Medical records are due to CDAC on the submission deadline by 4:30 p.m. ET, to be eligible for validation.

Question 36: **How do you find out if your hospital is on the list for validation? Is there a link that lists hospitals selected for the FY18 Validations?**

To see if your hospital has been selected for IQR Data Validation, please refer to the Hospitals Selected for Inpatient Data Validation FY2018 *on the* QualityNet Validation webpage at https://www.qualitynet.org/dcs/ContentServer?cid=1140537256076&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page.

The list is located on the upper right-hand side of the page. If a hospital is not on the list, they are not required to submit Validation Templates.

Question 37: **Should we wait until we receive a validation request before worrying about this?**

Hospitals can verify if they have been selected for Hospital Inpatient Quality Reporting (IQR) Program Data Validation by referring to the Hospitals Selected for Inpatient Data Validation FY2018 *list at* https://www.qualitynet.org/dcs/ContentServer?cid=1140537256076&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page. *The list is located on the upper right-hand side of the page. If a hospital is not on the list, they are not required to submit Validation Templates.*

Question 38: **What exactly is being validated? Or, what are you comparing this data to?**

The HAI Abstraction Manuals and Tool Displays that the CDAC uses when abstracting HAI cases are posted on QualityNet *at* https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076.

Question 39: **FOR CLABSI, in the blue area, though NOT with an asterisk, is "total discharges in quarter with ICU stay." Does this still need to be filled out? And if so, our ICU deaths are considered discharges. Is this correct for the validation templates?**

The field in question is not a required field. If your hospital is able to obtain this information without too much difficulty, please include it when submitting the CLABSI Validation Template. Yes, an ICU death would be considered a discharge and be included in the overall number of ICU discharges.