

Invalid Record Selection Details

The Case Selection Report, available from QNet Exchange, includes the patient identifiers for the five medical records selected for validation. These identifiers are dependent upon the provider (vendor) submission to the QIO Clinical Warehouse. If the information submitted to the warehouse contains the patient's first and/or last name, these would be included on the CDAC (CSC-York) request cover sheets. When the patient name isn't an exact match, but there is enough documentation to determine the record submitted is correct; the record is abstracted.

A record is still included in the hospital validation calculation when CDAC assigns a status of "Invalid Record Selection". The numerator will be zero. The denominator is calculated from the original (hospital) file based on the measures (indicators) sent. If an element *is* on the inclusion list, **and** it *is* in the original file, then it *is* counted in the denominator.

Below is a list of situations that would merit a record status of "Invalid Record Selection":

- The Admission date, Discharge date, or the Patient DOB on the submitted medical record do not match what was requested
- The coversheet includes the patient name, but clearly does not coincide with the date(s) of service requested
- The record does not meet the population eligibility
- The record was not an acute inpatient stay (i.e., ED care, skilled care only or contained only demographic or administrative information)
- The record is submitted as one episode of care, but when the record is received at the CDAC, it is apparent that the record contains two episodes of care.
 - **Per Medicare guidelines for claims/billing purposes only, if a patient is discharged/transferred from an acute care PPS hospital, and is readmitted to the same acute care PPS hospital on the same day for symptoms related to, or for evaluation and management of, the prior stay's medical condition, the hospital shall combine the original and subsequent stay into a single claim or one episode of care.**
 - For **abstraction purposes**, you would abstract the record as two separate episodes of care. If this record would be selected for validation you would only send the record whose date of service matches the information from the CDAC's validation record request.