

In support of the Fiscal Year (FY) 2014 Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) proposed rule, we propose a requirement for validation reporting of laboratory-identified methicillin-resistant staphylococcus aureus (MRSA) bacteremia as part of the Inpatient Quality Reporting program for the FY 2016 payment determination and future years. According to this proposal, each hospital selected for MRSA validation is to produce a list of all final results for blood cultures positive for MRSA bacteremia in either an ICU or non-ICU location during their stay. The proposed format for this listing is provided to invite public comment.

[Proposed FY2016 - Validation Template For MRSA \(discharges beginning 4Q13\)](#)

FIELD	DESCRIPTION	
<b>NHSN Facility ID*</b>	The NHSN-assigned facility ID under which your hospital submits NHSN data.	<b>Hospital Information Section</b> These cells only need to be completed for the first row in the spreadsheet. They will be applied to all positive blood cultures listed on this template.
<b>Provider ID/CCN*</b>	Hospitals CMS Certification Number.	
<b>Hospital Name*</b>	Hospital Name associated with CCN.	
<b>State*</b>	Enter the 2 character abbreviation for the state in which the hospital is located.	
<b>Calendar Quarter*</b>	Select the calendar quarter to which the blood culture list pertains.	
<b>Hospital Contact Name*</b>	Hospital contact name for CMS to contact with questions.	
<b>Contact Phone*</b>	Phone number for hospital contact listed.	
<b>Contact Email*</b>	Email address for hospital contact listed.	
<b>Laboratory Identified MRSA Bacteremia Events (Y/N)*</b>	Select Yes or No from the dropdown list. Does the hospital have any laboratory identified MRSA bacteremia events for patients in the calendar quarter referenced?	
<b>Patient HIC*</b>	The patient's Medicare Beneficiary Number, also known as the health insurance claim (HIC) number. No dashes, spaces or special characters should be included. Must be between 7 and 12 characters. This field is required for Medicare patients when the HIC number is known.	<b>Blood Culture Section</b> Complete for every blood culture positive for MRSA bacteremia.
<b>Patient Identifier*</b>	The patient identifier assigned by the hospital. Use the same patient identifier that would be submitted to NHSN if the episode of care (EOC) would be reported as a MRSA bacteremia event.	
<b>Birthdate*</b>	The patient date of birth using MM/DD/YYYY format.	
<b>Sex*</b>	Select Female, Male or unknown from the dropdown list to indicate the sex of the patient.	<b>Patient Information Section</b> Complete these cells once per patient.
<b>Admit Date*</b>	Enter date patient was admitted to hospital in MM/DD/YYYY format.	
<b>Discharge Date*</b>	Enter date patient was discharged from the hospital in MM/DD/YYYY format. This date is critical as patients with lengths of stay > 120 days will be excluded from the validation sample.	
<b>First Name</b>	First name of patient.	
<b>Last Name</b>	Last name of patient.	
<b>NHSN Location*</b>	Select from the drop down list, the NHSN location to which the patient was assigned when the blood culture positive for MRSA was collected.	<b>Blood Culture Section</b> Complete for every blood culture
<b>Lab ID*</b>	Lab ID, accession number or specimen number corresponding to positive blood culture.	

<b>Blood Culture Date*</b>	Provide the date the blood culture was collected in MM/DD/YYYY format.	positive for MRSA bacteremia.
<b>Blood Culture Time</b>	Provide the time the blood was collected if easily available.	

\* indicates required fields

NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Laboratory Identified MRSA Bacteremia Events (Y/N)*	Patient HIC*
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Patient Identifier*	Birthdate*	Sex*	Admit Date*	Discharge Date*	First Name	Last Name	NHSN Location*	Lab ID*
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**Blood Culture Date\*** **Blood Culture Time**