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### **Pedimacs STS Audit Instruction Sheet**

The HMS DocuLink Submission Portal is an SSL-encrypted site for Participants in the STS National Database Audit to respond to data requests from the HMS Review Team. This portal is distinct from other document submission procedures for STS and should only be used for the specific request. The URL provided in the document request email is unique to the request and to the organization for which the request was made.

#### Accessing the document submission portal

1. To access the DocuLink Submission Portal, click on the URL in the Data Request email. You will be directed to the HMS DocuLink Submission Portal.

# Note: This link may be forwarded for file upload by someone other than the original recipient.

#### Downloading sample of cases

- To download the sample file the DocuLink Submission Portal, click on the URL in the Data Request email. Note that the HMS DocuLink portal uses two-factor authentication to <u>download</u> files and <u>only the primary contact with access to the email listed in the</u> <u>Document Request Letter (DRL) may be able to retrieve this list.</u> Email <u>sts@hcmsllc.com</u> if assistance is needed.
- 2. Click on the "Request Passcode" box. A unique passcode will be emailed to the point of contact email address identified at the top of this notice. (**Figure 1**)

Files and another black of the			
rives are available for you	to download. To access:		
<ol> <li>Click the Request P</li> <li>Check your register</li> <li>Enter the passcode</li> </ol>	Passcode button below. red email address for the passcode. This i into the box and click Submit.	code is only valid for 30 minutes.	
Request Passcode		Enter Passcode	Submit
Upload Files			
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Figure 1: Request Passcode

- 3. The passcode email will only go to the original recipient of the notification email, if forwarded that user will not receive the passcode email.
- 4. This passcode will expire after its first use within 15 minutes. Subsequent attempts to download this file will require the point of contact identified in the DRL to request an additional passcode.
- 5. Once passcode is entered, the following file may be downloaded to a local drive. (Figure 2&3)

Download Files			
Files are available for yo	u to download. To access:		
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Figure 2:Enter Passcode

Figure 3:File Download Screen

Download Files				
Please download and	view the following files.			
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6. **IMPORTANT:** this file contains PHI.

#### Preparing documentation for submission

- 1. Once the sample file has been received, please use the following process to organize the submission.
  - a. Selected variables for review are found in **Appendix A**.
  - b. Contact your Medical Records and IT department to assist with obtaining the required documents from your vendor software. facilitate an accurate audit, HMS requests that PDF documentation is bookmarked to identify each data collection form where the selected variables (e.g. variable names in Appendix A) may be found in the supporting documentation. Note that this may require the use of PDF editing software such as AdobePro or NitroPro.

#### Uploading the documentation

 Once the requested data is collected and prepared according to the initial request, the Participant or its designee accesses the portal using the link in the initial request email. The participant begins the file upload process by clicking on the "Select" button in the Upload Files section of the portal. (Figure 4)

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(Example: "23_SEP_Qual_E trigger special enrollment per	Event_Policy" this file contains Sample Health Plan's policy and procedure for qualifying events that riods (SEPs) for on-Exchange plans.)	^
		~
Upload Files		
Press 'Select' to choose your	r file(s) or drag file(s) into the selection area below, then click 'UPLOAD'	
Limit 10 Files per Upload	200 MB Total Limit   Total Uploaded Size: 0 MB	
	UPLOAD	t

Figure 4: Submission Portal Upload tool

2. A pop-up window appears where the participant locates prepared files saved to their local drive. **(Figure 5)** 

	Figu	ire 5: Portal with lo	cal drive popup						
File Submissio	n					1			
Upload Sum (OPTIONAL) Th files for Upload	<ul> <li>Choose File to Upload</li> <li>← → * ↑</li> <li>Organize ▼ New folder</li> </ul>				0	P Search MRF	t Sample	: Files	×
(Example: "23 trigger special e Upload File: Proc. 'Salar' to	Documents Downloads Downloads Music Pictures Wideos	Name 25670001_02222021	Date modified 7/20/2020 3:06 PM	Type Compressed (zipp	Size 1	7 KB			
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3. Multiple files may be selected by highlighting one file, then holding the Ctrl key while selecting up to nine more files. Once the applicable files are highlighted, click "Open." (Figure 6)



File Subm	iission			
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4. Once files for upload are selected from the Participant's local drive, each file is displayed in the *upload files* area with a green circle next to it. This indicates the selected file(s) are valid and is pending for upload (**Figure 7**). Enter a brief summary or description of the file(s) being uploaded in the *Upload Summary* field.

File Submission	
Pload Summary         Market of the Upload Summary field has been provided if additional descriptive information is needed regarding the selected fields for Upload in this session.         Image: The Target Target Target Target Target of Target Target of Target	
© 2021 BY HEALTHCARE MANAGEMENT SOLUTIONS, LLC. ALL RIGHTS RESERVED.	

*Figure 7: Submission Portal showing file pending for upload* 

 Once selected data files are ready for upload, click the green *Upload* button (Figure 8) to transfer files to the audit contractor site. A confirmation page appears if upload is successful (Figure 9).



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(Example: "23_SEP_C	Qual_Event_Policy" this file contains Sample Health Plan's policy and procedure for qualifying events that ent periods (SEPs) for on-Exchange plans.)
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Press 'Select' to choose 25670001_02222021.z	e your file(s) or drag file(s) into the selection area below, then click 'UPLOAD' ip x Remove Select
Press 'Select' to choose 25670001_0222021.z Limit 10 Files per Uploa	e your file(s) or drag file(s) into the selection area below, then click 'UPLOAD' ip x Remove Select id   200 MB Total Limit   Total Uploaded Size: 0.016966 MB

*Figure 9: Upload confirmation screen in portal* 

Fi	le Submission				
	Your file(s) were succ record. To upload additional f Confirmation #: Upload Summary: Start Date: End Date:	essfully submitted. Your confirmati ile(s), please click the "Upload" but <b>FBUQ2LTEF25TAYD</b> 2/22/2021 10:37:52 AM 2/22/2021 10:37:52 AM	on ticket is below. ton above.	PRINT UPLOAD 1	
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	a 25670001_02222021.zip		16.57 KB	2/22/2021 10:37:52 AM	
		© 2021 BY HEALTHCARE MANAGEMEN	NT SOLUTIONS, LLC. ALL R	IGHTS RESERVED.	

The Confirmation page provides a list of uploaded files, the date and time of upload, and a confirmation number. Print this page or document the confirmation number as a receipt and evidence of the documents uploaded.

Thank you for your efforts. If you experience any technical difficulties during this process, please reach out to the HMS Review Team at <u>sts@hcmsllc.com</u>.

## Appendix A: 2022 Pedimacs Audited Variables List

STS Pedimacs Selected Variable	WBDE Version 5.1.1 Form
Date of Birth	Demographics
Pre-implant Total Bili	Pre-Implant Form
Pre-Implant QOL surveys completed?	Pre-Implant Form
Pre-implant Creatinine	Pre-Implant Form
Pre-implant AGT/AST	Pre-Implant Form
NYHA at pre-implant	Pre-Implant Form
6-minute walk	Pre-Implant Form
Primary Cardiac Diagnosis	Pre-Implant Form
Pedimacs Patient Profile-Primary Device	Pre-Implant Form
Implant Date-Primary Device	Implant Form
Device Type-Primary Device	Implant Form
Device Brand-Primary Device	Implant Form
Implant Discharge Date completed on Implant Discharge Form (This may also be a transplant date, explant for recovery date or exchange date) but a date must be entered. Primary Device	Implant Discharge Form
QOL Survey at 3-month follow up	3 Month Follow-up
NYHA at 3-month follow-up	3 Month Follow-up
6-minute walk	3 Month Follow-up
Post implant Major Bleeding adverse events reported correctly (maybe episodes) Lower GI Bleeding, closest to 3-month follow up	Adverse Events - Bleeding
Device Malfunction Closest to 3-month follow up	Adverse Events – Device Malfunction
Hemolysis Post Implant Closest to 3-month follow up	Adverse Events - Hemolysis
Major Infection adverse events reported and verified Driveline Infections only, if applicable. Closest to 3-month follow up	Adverse Events – Infection (verify date and location)
Re-hospitalization reason completed closest to 3-month follow up	Adverse Events - Rehospitalization
Re-hospitalization discharge date complete closest to 3-month follow up	Adverse Events - Rehospitalization
Post Implant Respiratory Failure	Adverse Events - Rehospitalization
Hepatic Dysfunction Post Implant closest to 3-month follow up	Adverse Events - Rehospitalization
CVA, TIA reported post implant closest to 3-month follow up	Adverse Events - Rehospitalization
Renal Dysfunction Post Implant closest to 3-month follow up	Adverse Events - Renal Dysfunction
RHF Post Implant closest to 3-month follow up	Adverse Events - Right Heart Failure
Death Form	If available at 1 month