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## **Intermacs 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 above may</u> <u>be able to retrieve this list</u>. Email sts@hcmsllc.com 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**)

Download Files			
Files 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. 7 1 into the box and click Submit.	This code is only valid for 30 minutes.	
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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 this notification to request an additional passcode.
- 5. Once passcode is entered, the following file may be downloaded to a local drive. (Figure 2&3)

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Figure 2:Enter Passcode

Figure 3:File Download Screen

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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** and suggested areas of a patient's medical record are listed in **Appendix B**.
  - 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. field short names in Appendix B) may be found in the supporting documentation. (Appendix C). Note that this may require the use of PDF editing software such as AdobePro or NitroPro. If possible, please also provide an .xml output file for each case and identify the electronic health record vendor.

#### 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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imit 10 Files per Upload	200 MB Total Limit   Total Uploaded Size: 0 MB

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					
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(OPTIONAL) The	← → * ↑				0	P Search MF	R Sample	t Files
(Example: "23_ trigger special e <b>Upload Files</b> <i>Press 'Select' to</i> Limit 10 Files pe	Documents Downloads Downloads Music Pictures Videos Local Disk (C;) BPCIA (\\cinder 90_vSNF_IC_Pilo OSP Recompete CPC_Pilus (\\cind rclevenger (\\nn CPC_Pilus (\\cind Recompete CPC_Pilus (\\cind Recompete SPCI_Audit (\\cind Recompete) PCM (\\cindered) Cindered CPC_Not (\\cindered)	Name 25670001_02222021	Date modified 7/20/2020 3:06 PM	Type Compressed (zipp	Size	17 КВ		
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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	nission			
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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	
Definition       Select         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) or drag file(s) into the selection area below, then click 'UPLOAD'         Image: Select to choose your file(s) into the selection area below, then click 'UPLOAD'         Image: Select to the selection area below to the selection	
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*Figure 7: Submission Portal showing file pending for upload* 

5. 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).



Upload Summary	V	
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*Figure 9: Upload confirmation screen in portal* 

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	Files Uploaded:	1			
	NAME		SIZE	UPLOAD DATE	
	🗐 25670001_02222021.zip		16.57 KB	2/22/2021 10:37:52 AM	
		© 2021 BY HEALTHCARE MANAGEME	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: 2021 Intermacs Audited Variables List

Short Name:	Long Name:
PATIENT_ID	Patient ID
EVENT_ID	Event ID
CTR_CD_CONTROL	Center Code
DOB	Date of Birth
PRIMARY_DGN	Primary Diagnosis
PX_PROFILE	Patient Profile
CREAT_MG_DL	Creatinine (mg/dL)
CREAT_UMOL_L	Creatinine (umol/L)
SGPT_ALT	Alanine Aminotransferase/ALT (u/L)
SGOT_AST	Aspartate Aminotransferase/AST (u/L)
BILI_TOTAL_MG_DL	Total Bilirubin (mg/dL)
BILI_TOTAL_UMOL_L	Total Bilirubin (umol/L)
PARENT_QUESTION	EuroQol (EQ-5D) Parent Question
KCCQ_PARENT_QUESTION	KCCQ Parent Question
SIX_MIN_WALK	Six Minute Walk
SIX_MIN_WALK_I	Six Minute Walk Incomplete
NYHA	NYHA Class
IMPLANT_DT	Implant Date
DEVICE_TY	Device Type
DEVICE_BRAND	Device Brand
DEVICE_BRAND_OSTXT	Device Brand Other Specify
DEVICE_BRAND_RVAD_BOTH	Device Brand RVAD Both
DEVICE_BRAND_RVAD_BOTH_OSTXT	Device Brand RVAD Both Other Specify
DIS_DISCHARGE_DT	Implant Discharge Date
EXPLANT_DT	Explant Date
DEATH_DT	Death Date
PRIM_ADMIS_RSN	Primary Reason for Rehospitalization
DISCHARGE_DT	Discharge Date
DISCHARGE_DT_I	Discharge Date Incomplete
ADMISSION_DT	Admission Date
ADMISSION_DT_I	Admission Date Unknown
AE_INFECTION	Adverse Event Infection
BLEEDING	Major Bleeding Event
RHF Post Implant	Right Heart Failure Post Implant
AE_INFECTION_ONSET_DT	Onset Infection Date
INFECT_LOC_PUMP_DRIVELINE	Infection Location (Pump/Related - Drive Line)
BLEEDING_DT	Date of Onset Bleeding
BLEEDING_SOURCE_LOW_GASTRO	Bleeding Source (GI: Lower Gastrointestinal (Colon, Rectum, & Anus))
AE_NEURO_ONSET_DT	Date of Onset Neurological Dysfunction
NEURO_CAT	Neuro Category
HEPATIC	Hepatic
RENAL_DYS	Renal Dysfunction
RESP_FAIL	Respiratory Failure
AE_DEVICE	Device Malfunction/Failure and/or a Pump Thrombosis
AE_DEVICE_ONSET_DT	Onset Neurological Dysfunction Date

Short Name:	Long Name:
	Did Patient Experience a Thrombus Event (Suspected or
AE_DEV_IHR_EVINI	Confirmed)
AE_DEV_MALF_EVNT	AE Device Malfunction
SUBSEQUENT_RVAD	Right Heart Failure: Subsequent RVAD Implant
HEMOLYSIS	
SIX_MIN_WALK	Six Minute Walk
SIX_MIN_WALK_I	Six Minute Walk Incomplete
NYHA	NYHA Class
PARENT_QUESTION	EuroQol (EQ-5D) Parent Question
KCCQ_PARENT_QUESTION	KCCQ Parent Question
POST_CESSATION_FORM_STATUS	

# Appendix B: Suggested Documentation by Data Collection Area

Data Collection Form	Medical Record Area
Demographics	Face Sheet and financial responsibility information
Device malfunction form	History and Physical including diagnoses
Re-hospitalization form	Hospital records including rehospitalization
Pre-Implant	Laboratory values
Major Bleeding form	Hemodynamic report
Pre-Implant form, Additional	Respiratory Therapy Notes
Events form	
Pre-Implant, Follow up form	Pulmonary Function Test
Device malfunction, Major	Medications, Nursing Notes including vital sign log
Bleeding, Additional Events form	
Device malfunction, Major	Physician Orders, Progress Notes
Bleeding, Additional Events form	
Pre-Implant, Implant form	Operation or Procedure Reports
Implant Form	Implant and Explant records
Major Bleeding from	Blood Administration Records
Neuro AE Form, Additional Events	Vascular Imaging, Tests (Ultrasound, CT, EKG, MRI)
Form	
Re-hospitalization form	Discharge Summary including medications.
	Any other pertinent information

## **Appendix C: PDF Bookmarking**

- 1. To add bookmarks:
  - a. Make sure you are on the page you would like to bookmark.
  - b. Click on the bookmark symbol.



- c. Then name the bookmark and click enter.
- 2. Example Bookmarks
  - a. H&P
  - b. Consults
  - c. Diagnostic Information (labs, radiology, cath lab)
  - d. Procedure(s) (Or, device information, anesthesia)
  - e. Events
  - f. Follow-up
  - g. Misc (anything else that you want to include that provides supporting information for data elements

