# Quality Reporting Program

## Support Contractor

# Hospital Outpatient Quality Reporting (OQR) Program Reconsideration Process: Calendar Year 2019

### Presentation Transcript

**Moderator: Anita Bhatia, PhD, MPH**
Program Lead, Hospital OQR Program
Centers for Medicare & Medicaid Services (CMS)

**Speaker: Reneé Parks, RN, BSN**
Project Director
Hospital OQR Program

**November 7, 2018**

**Anita Bhatia:** Good afternoon everyone and welcome to our presentation on the Hospital Outpatient Quality Reporting Reconsideration Process. My name is Anita Bhatia, and I am the CMS Program Lead for both the Hospital Outpatient and the Ambulatory Surgical Center Quality Reporting Programs. Recently, The Centers for Medicare and Medicaid Services, or CMS, provided notification of the Annual Payment Update determination for the Hospital Outpatient Quality Reporting Program affecting Calendar Year 2019 payment. If an adverse payment determination was rendered, facilities can request from CMS a Reconsideration of this decision. We understand you may have questions regarding the process for submitting such a request. We appreciate these concerns and want to supply you key information on the process, as well as, provide information on how to submit a Reconsideration request. This is your opportunity to submit a Reconsideration of any adverse payment determination and for us to be able to reconsider and potentially reverse that payment determination.

When you submit your Reconsideration request, it is important to keep in mind that the Reconsideration process is designed to examine circumstances beyond the control of your facility or to examine information provided on circumstances where there may have been an error on the part of CMS, such as data were submitted, but we state that they were not. Please be as specific as possible in your request so we can understand the circumstances being explained. We want to hear, in detail, of any and all attempts to comply with CMS requirements, in particular, the requirement or requirements listed in your notification letter and why your facility did not meet those requirements. Being specific means including information such as your attempts to contact the help desk, or to submit data, which dates and with whom you talked. This will help us to determine what

you attempted to do in order to meet the requirements and whether CMS systems or other Federal systems or our communications might have adversely impacted your ability to meet requirements for the Quality Reporting Program. You'll be hearing the details from Reneé Parks today. Reneé received her Bachelor of Science Degree in Nursing from the University of Central Arkansas. She has worked in the healthcare industry for many years at various levels and has vast clinical management, healthcare policy, and administrative experience. Reneé is going to walk all of us through our process. At any time, if you have questions, please put them in the chat box. Thank you for joining us today. Now, let me hand things over to Reneé.

**Reneé Parks:** Thank you, Anita. Welcome everyone; we appreciate your time. As Anita mentioned, the purpose of today's presentation is to provide information regarding the Hospital OQR Reconsideration Process for Payment Year 2019.

We hope that participating in this presentation you'll understand the Hospital OQR program requirements for the Reconsideration process, and you will understand how to submit a Reconsideration request. In the event the original finding is upheld through the Reconsideration request, you will also learn how to file an appeal if you should choose to do so.

There are currently 3,196 hospitals eligible to participate in the Calendar Year 2019 Hospital OQR Program to receive the Annual Payment Update. Of these eligible hospitals, 3,114, or 97.4% of eligible hospitals met all program requirements; 68, or 2.1%, chose not to participate. There were 14, or 0.5, that did not meet quality measure data submission requirements for this program. These percentages are similar for the past 7 years for this program. Eligible facilities paid under the Outpatient Perspective Payment System, or OPPS, that do not meet all hospital OQR Program requirements may receive a 2-percentage point reduction in the payment update. For the Calendar Year 2019, CMS has notified hospitals that are subject to the Hospital OQR payment reductions. All of the information I just mentioned is publicly available, and you can go to the QualityNet website and find the list of 3,114 hospitals that met all the requirements and the 68 hospitals that chose not to participate, as well as, the 14 hospitals that did not meet the program requirements.

This slide also lists the administrative requirements, the data submission requirements, and the validation requirements. Please note that the requirements in place for one year affect the next year's payment. A hospital must register with QualityNet and maintain an active Security Administrator, complete and submit the Hospital OQR Program Notice of Participation and submit that via QualityNet's secure portal. The hospital must collect and submit the patient-level chart-abstracted, as well as, web-based measures which I will discuss in detail in a moment. If selected for validation, your hospital must pass the validation process. The form and manner of data submission is clearly defined in the *Federal*

## Support Contractor

*Register* as is the Hospital OQR validation process and administrative requirements.

To elaborate more on the data submission requirements for Hospital OQR Program, we have them outlined here on this slide. In summary, this includes the patient-level chart-abstracted data to be submitted for quarters 2, 3, and 4 of 2017, and quarter 1 of 2018. The measures include outpatient measure 1 through OP-5, outpatient measure 18, 20, 21, and 23. The outcome measures are claims-based. These data are collected through paid Medicare claims and do not require manual abstraction on the part of the hospital. The data for the 2019 Payment Determination Year use patient encounters from January 1 through December 31, 2017. These measures include OP-8, -9, -10, -11, -13, -14, and -32. Additionally, there are the submission of web-based measures using two platforms. The measures submitted through QualityNet are Outpatient (OP)-12, -17, -22, -25, -26, -29, -30, -31 (which is voluntary), and OP-33. These are submitted annually and utilize patient encounters from January 1 through December 31, 2017. These data were entered by the submission deadline of May 15, 2018. And then the flu vaccination measure, OP-27, is entered through the National Healthcare Safety Network, or NHSN, has a reference period of the applicable flu season from October 1, 2017 through March 31, 2018. This measure also has a deadline submission of May 15, 2018. All of the measures submitted using a web-based tool, either through QualityNet or through NSHN website, were due May 15, 2018.

APU determination notification letters were mailed on September 27 via FedEx to the hospitals that did not meet one or more of the program requirements. These letters were sent to the hospitals not meeting one or more of the Hospital OQR Program requirements resulting in a 2% reduction for Calendar Year 2019 Payment. Any requests for Reconsideration must be submitted on or before the first business day after March 17, 2019. As March 17 falls on a Sunday this cycle, so Reconsideration requests must be received on or before March 18, 2019. I strongly urge you not to wait until the deadline for reasons I'll go over in the next few slides.

An overview of the Reconsideration process, including the Reconsideration request form, can be found on the CMS QualityNet website at www.qualitynet.org or by the direct link that is provided in this slide.

To access resources related to the Reconsideration process from the home page on QualityNet, select Hospitals-Outpatient on the dropdown seen here on this slide. From the dropdown menu select the Hospital Outpatient Quality Reporting Program link as displayed with the red arrow.

To get to the Reconsideration Overview page, select APU Reconsideration circled here in red, and then click on the bolded Hospital OQR Reconsideration Process

## Support Contractor

for Calendar Year 2019 APU Determinations link. This page will provide you with the resources to assist you in filing for Reconsideration, and you will also be able to access the form itself.

The Reconsideration request deadline is March 18. According to regulations governing the program, the deadline is March 17 or the first business day following this date. As I mentioned a moment ago, this date falls on a Sunday; therefore, this deadline will revert to the following Monday which will be March 18, 2019. When submitting your request for Reconsideration, it is extremely important to ensure you have filled this form out completely and accurately. All fields that contain an asterisk are mandatory. You must provide a CMS identified reason for why your facility did not meet the Hospital OQR requirements. This information was provided in the notification letter your hospital received. Request for Reconsideration should be specific, complete, and include details. If your hospital is requesting a Reconsideration related to validation results, send a copy of the Reconsideration request form Part 2 to the validation contractor. I'm going to say it again. If your hospital was selected for validation, and if CMS determined that your hospital did not meet program requirements due to a confidence interval validation score of less than 75%, then you must complete and submit Part 2 of the Reconsideration form and submit that to the validation contractor. Along with that form, you must send a copy of the entire medical record as previously sent to the Clinical Data Abstraction Center contractor, or CDAC contractor, for the appealed elements. Again, you will send Part 2 of the Reconsideration request form and the medical record to the validation contractor. All of this information is available on the QualityNet website.

Include the specific reasons why you feel your hospital met the program requirements and why you should receive a full payment update. There are three methods for submitting Part 1of the Reconsideration request form. First, you could submit the form via Secure File Transfer to the APU Group, but please note that this method does not allow you to attach additional documentation. If you use this method, you can only submit the Reconsideration request form. Alternatively, you may submit the form via secure fax at 877-789-4443 or by email at qrsupport@hcqis.org. The last two methods will allow you to attach additional documentation along with the Reconsideration form. This might include help desk ticket numbers, correspondence, screen shots, emails from NHSN, or any other information you deem necessary. I strongly encourage you to attach supporting documentation. Say, for instance, if you reached out repeatedly to the help desk, then please send us those ticket numbers. Again, screen shots and correspondence are always very helpful. This is your opportunity to make your case and help us understand your efforts to comply with program requirements.

After CMS receives your completed Reconsideration request form, they will send an email acknowledgement to the designated hospital contact using the contact information provided in the Reconsideration request notifying them that the

hospital's request has been received. We usually acknowledge receipt on the same day that the Reconsideration request form is received, but occasionally it could take up to 48 hours. So that means, if you wait until the deadline, and then a few days go by, and you reach out to CMS wondering why you never received acknowledgement receipt, now you've missed the deadline, and we've had this happen. We've had hospitals that waited until the deadline to fax their form in, and it turned out they faxed it to the wrong number. We never received their request; therefore, they missed the Reconsideration deadline. So, don't let this happen to you. We expect that process to be completed within 90 days following the deadline for submitting a Reconsideration request.

Now, if your hospital is not satisfied with the results of the Reconsideration, you may file an appeal with the Provider Reimbursement Review Board, or PRRB, but an appeal can only be filed with the PRRB if you submitted a Reconsideration request by the March 18, 2019 deadline and went through the Reconsideration process. So, to be clear, you must file a Reconsideration request first, and then if you are dissatisfied, you can appeal to the PRRB. If you miss the Reconsideration deadline, then you've not only lost your opportunity for Reconsideration, but you have also lost your opportunity to request an appeal from the Provider Reimbursement Review Board. Hospitals can submit an appeal to the Provider Reimbursement Review Board up to 180 days following the Hospital OQR Reconsideration notification date.

These slides and a transcript of today's presentation, as well as, all of the questions and answers will be on our website shortly. Should you have questions, please feel free to reach out to the call center and one of our coordinators will be happy to assist you. That number is 866-800-8756. I would anticipate that many of you are familiar with this number as you've used it in calling with questions prior to this webinar. Thank you for participating today, and this concludes today's presentation. Thank you.