



# Hospital Outpatient Quality Reporting Program

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## Support Contractor

### Improving Quality with the Hospital Outpatient Quality Reporting (OQR) Program

#### AM Questions and Answers

##### **Moderator:**

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##### **Speaker:**

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**May 20, 2015  
10 a.m.**

- Question 1: There are two webinars: one on May 21, then on May 29 regarding the Final Rule. Can someone please explain the difference? Thank you.
- Answer 1: For the Hospital Outpatient Quality Reporting (OQR) Program, there are no webinars scheduled for those dates. These webinars are for the Inpatient Quality Reporting (IQR) Program. Please visit [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) for more information on these webinars.
- Question 2: Where do I find the specifics for the web-based measures?
- Answer 2: Please refer to the Specifications Manual, version 8.0a for the measure information.
- Question 3: Is it possible to have a link to the slide deck now?
- Answer 3: Slides can be found at: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). Select today's presentation, and then select the downloadable files link on the right side.
- Question 4: Please verify: OP-6 and OP-7 are no longer collected or reported, beginning January 1, 2015.
- Answer 4: That's correct. OP-6 and OP-7 have been removed effective with January 1, 2015, encounters.
- Question 5: Can you offer a presentation specifically for Critical Access Hospitals, or at least discuss how those are different?

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- Answer 5: There is no difference in how CAHs and OPPS hospitals perform abstraction. The only difference for CAHs is that all reporting is voluntary, and payment is not based on data reporting.
- Question 6: Yes, I submitted a question to the Question and Answer tool and received a response April 9. I sent an update on April 10 and still have not heard back from them. Do you know why it is taking so long?
- Answer 6: Please call the Support Contractor at 866.800.8756 after the webinar so that we can address your question personally.
- Question 7: Is there a presentation (like Basics 101) that goes over all the basics for those who are new to Quality Reporting?
- Answer 7: We will be presenting an Abstraction 101 webinar on June 17 at 10 a.m. and 2 p.m. ET. However, at this time, there are no archived webinars for you to reference. If you have specific questions about the program, you are more than welcome to call our Support Center at 866.800.8756.
- Question 8: Are the web-based measures OP-29 and OP-30 mandatory for all facilities?
- Answer 8: Yes. These measures must be answered for all hospitals that are paid under the Outpatient Prospective Payment System. Please note that Critical Access Hospitals may voluntarily submit these measures.
- Question 9: Please clarify. It's my understanding that all of the OQR timing measures are "median" times, yet *Hospital Compare* uses the term "mean." The physicians at my facility constantly question this, as they are quite knowledgeable about the difference.
- Answer 9: *Hospital Compare* has done studies that have found the general public best understands the term "average/mean" time.
- Question 10: Utilizing *Hospital Compare* for quality improvement is good for retrospective review only. The data is too old to be useful for current process improvement.
- Answer10: Yes. The data reported on *Hospital Compare* is for retrospective review only. The data may help identify quality improvement areas if issues continue over multiple rolling quarters.
- Question 11: What measures are mandatory for Critical Access Hospitals?
- Answer 11: CAH participation is voluntary for the Hospital OQR Program. That means there are no mandatory measures required for CAHs, all data submitted by your facility is voluntary.
- Question 12: Thank you for addressing CAHs specifically! Appreciate the clarifications.

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- Answer 12: You're welcome. Please contact the Support Contractor at 866.800.8756 if you have specific questions about the Hospital OQR Program.
- Question 13: Just verifying that the web-based measures OP-29 and OP-30 are voluntary for Critical Access Hospitals?
- Answer 13: CAH participation is voluntary for the Hospital OQR Program. That means there are no mandatory measures required for CAHs. All data submitted by your facility is voluntary, including OP-29 and OP-30.
- Question 14: When will the proposed outpatient rule for 2016 be released?
- Answer 14: The Proposed Rule will be released in July 2015.
- Question 15: Are there plans in the future for the OQR Program to become mandatory for Critical Access Hospitals?
- Answer 15: At this time, there are no plans for mandatory CAH reporting under the Hospital OQR Program. Should CMS decide to make it mandatory, it will be included in the Final Rule, with plenty of lead time for facilities to prepare.
- Question 16: How do you get to the *Hospital Compare* website?
- Answer 16: <https://www.medicare.gov/hospitalcompare/>
- Question 17: How can I find a sample template for reporting OP-29 and -30?
- Answer 17: Please contact the Support Contractor at 866.800.8756, and we will be happy to walk you through reporting OP-29 and OP-30.
- Question 18: Are OP-29 and -30 mandatory to report on?
- Answer 18: Yes. You must report on OP-29 and OP-30, even if you do not perform colonoscopies. If you do not perform colonoscopies, you must submit zeroes. Failure to submit on all web-based measures could result in a two percent reduction in APU.
- Question 19: Would you repeat the Health Resources Administration web address? It was muffled. Thanks.
- Answer 19: The website is [www.hrsa.gov](http://www.hrsa.gov). The NCQA is a gold mine of information on things like Root Cause Analysis: [www.ncqa.org](http://www.ncqa.org).
- Question 20: Where in QualityNet can we see which OP measures are mandatory?
- Answer 20: Please refer to the Specifications Manual, version 8.0a. It can be found on the QualityNet website under the Hospitals - Outpatient tab. For OP-29 and OP-30, all

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core and web-based measures must be reported to meet the requirements of the program.

Question 21: When will OP-29 and OP-30 be publicly reported? What would be the discharge dates when the reporting starts?

Answer 21: OP-29 and OP-30 will be publicly reported in the July 2016 *Hospital Compare* release. The data will be for Q2, Q3, and Q4 of 2014 (the data will be submitted during the July 1–November 1 web-based measure submission time frame).

Question 22: OP-6 and OP-7 are not required to be collected and submitted starting January 1, 2015, correct?

Answer 22: This is correct; the 2015 Final Rule removed the outpatient surgical measures.

Question 23: In reference to the mean/median time question above, I understand the public's understanding of the term, but what is being reported on *Hospital Compare*—mean or median?

Answer 23: The data on *Hospital Compare* is the median, as the measures specify. CMS used focus groups to assist in determining how to display the data so that the public would understand what it meant. What they found was that the public did not understand the term ‘median’ but did understand the term ‘average.’ Since the site was developed for consumers, they display the data in a format that the consumer can understand. If you go to the “About the Data” tab and select the “Measures displayed on *Hospital Compare*” from the drop-down, you can see the technical measures name and the measure as posted on *Hospital Compare*. As an example, you would see that OP-3b lists “median” in the technical name and “average” in the *Hospital Compare* name.

Question 24: I thought the reporting period was only going to be nine months beginning with April 1, 2014–December 31, 2014.

Answer 24: The reference period of April 1, 2014–December 31, 2014, applies to OP-29 and OP-30 only. For the other web-based measures, the reference period is January 1, 2014–December 31, 2014.