



Digging Deeper Into the Data: How to Access and Interpret QualityNet Reports

Karen VanBourgondien, RN, BSN
Education Coordinator
HSAG

April 15, 2015

Announcements

- May 1, 2015, is the next deadline for Clinical Data and Population and Sampling data submissions from Q4 2014 (October 1–December 31, 2014).
- This will be the last quarter that OP-6 and OP-7 will be reported.



4/15/2015

Save The Date

- The next Hospital Outpatient Quality Reporting (OQR) webinar will be May 20, 2015.
- The presentation will present data reported for the Hospital OQR Program and how to utilize this data for quality improvement within your facility.
- Announcements about upcoming webinars will be sent via the Hospital OQR ListServe.



4/15/2015

Learning Objectives

At the conclusion of the program, attendees will be able to:

- Identify where to locate the most commonly used Hospital OQR reports on QualityNet.
- Describe the most commonly used Hospital OQR reports.
- Understand the meaning and value of the QualityNet reports.

4/15/2015



4



CENTERS FOR MEDICARE & MEDICAID SERVICES

Digging Deeper Into the Data



*What are the
QualityNet reports
and how can they
be used?*

April 15, 2015

Report Categories

- Annual Payment Update (APU)
- Validation
- Feedback
- Public Reporting

4/15/2015

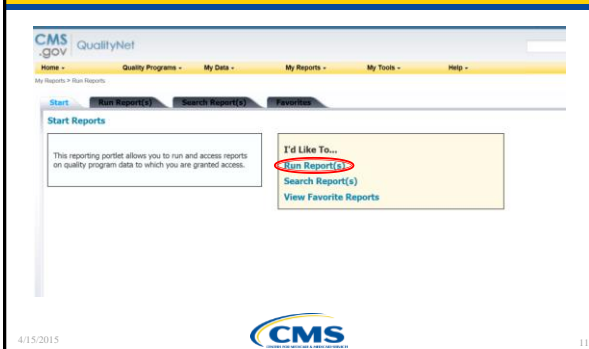


6

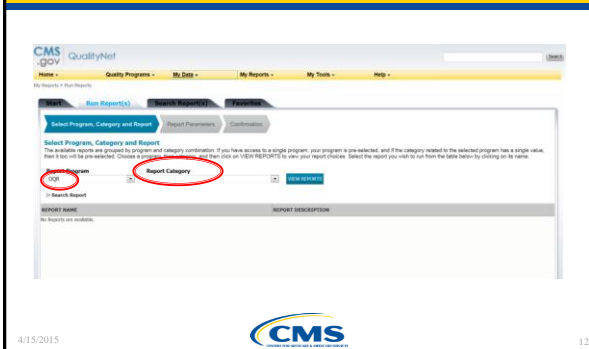
Choose Your Option



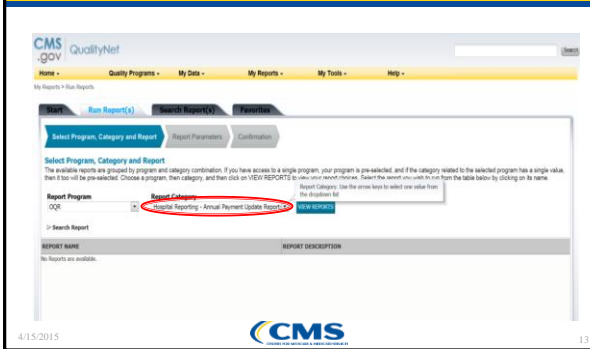
Run Report



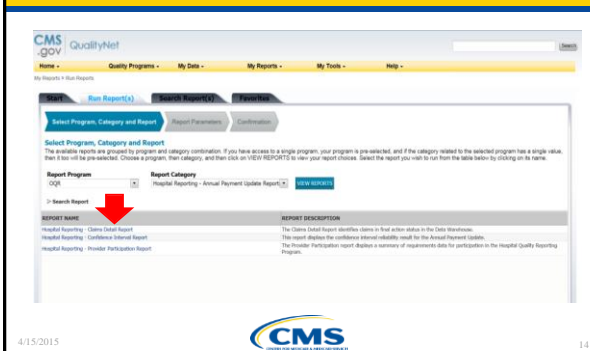
Choosing the Category



Select the Report Category



Select Report



Report Category: APU Reports

- Claims Detail Report: Identifies claims in final action status in the CDAC.
- Confidence Interval Report: Displays the confidence interval reliability result for APU.
- Provider Participation Report: Displays a summary of requirements data for participation in the Hospital OQR Program.



Claims Detail

Purpose:

- Provides users with the ability to monitor claims submitted in final action status.
- Includes only Medicare Fee-for-Service claims that have been finalized.
- Excludes ED-Throughput claims.

4/15/2015



16

Sample Claims Detail Report

Report Run Date: 02/25/2015 Hospital Reporting - Claims Detail Report - Outpatient Provider
Encounter Quarter: 10/01/2014 Measure Set: All Page 1 of 1

Data As Of: 01/06/2015

Beneficiary Claim Number*	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
12/04/2014	12/04/2014	12/04/2014	CDM-All				F
11/12/2014	11/12/2014	11/12/2014	CDM-All				F
10/01/2014	10/01/2014	10/01/2014	CDM-All				F
10/06/2014	10/06/2014	10/06/2014	CDM-All				F
10/09/2014	10/09/2014	10/09/2014	CDM-All				M
10/10/2014	10/10/2014	10/10/2014	CDM-All				F
11/04/2014	11/04/2014	11/04/2014	CDM-All				F
11/11/2014	11/11/2014	11/11/2014	CDM-All				F
11/12/2014	11/12/2014	11/12/2014	CDM-All				M

*The Data as Of Date displays the date of the last time claims data was loaded for this Provider.
 **The Beneficiary Claim Number column will be updated monthly until approximately 15 days prior to the submission deadline for that quarter.
 ***Notes only: This report includes only claims for fee-for-service claims that have been finalized. Claims related to the CDM-All Throughput population are excluded from this report.

4/15/2015



17

Provider Participation

Purpose:

- Allows hospitals and their vendors to monitor their compliance with program requirements.
- Displays summary information of cases accepted into the CDAC.
- Updated nightly with all data submitted and successfully processed the previous day.

4/15/2015



18

Report Category: Feedback Reports (1 of 5)

- Case Status Summary: Displays summary case submission status information for the CDAC, such as the number of cases submitted, accepted, and rejected.
- Facility, State, and National: Provides data, summarizes, and compares the data of the facility at the state and national level per quarter.

4/15/2015



31

Report Category: Feedback Reports (2 of 5)

- Measure Status by Case Report: Detailed report of individual cases, which includes measure inclusion status and reason for exclusion for each case (will have a denominator and numerator).

4/15/2015



32

Report Category: Feedback Reports (3 of 5)

- Measure Status by Category: Provides a summary of counts per measure that are accepted into the CDAC per facility.
- Population Submission: Displays information regarding the submission of population and sampling data.

4/15/2015



33

Report Category: Feedback Reports (4 of 5)

- Population and Sampling Summary: Provides a summary of the population and sampling data for cases for Medicare and non-Medicare patients by quarter, measure set, and provider.
- Potential Duplicate Records: Identifies potential duplicate records submitted to the warehouse.

4/15/2015



34

Report Category: Feedback Reports (5 of 5)

- Submission Detail: Displays detailed information of selected uploaded data grouped by provider.
- Submission Summary: Provides a summary of information of selected uploaded data.
- Vendors Authorized to Upload Data: Displays vendors authorized by a hospital to submit hospital data on its behalf.

4/15/2015



35

Case Status Summary

Purpose:

- Displays a total of unique cases submitted to the CDAC.
- Displayed by Measure Set for the specified encounter period.
- Includes the number of cases submitted, accepted, and rejected.

4/15/2015



36

Sample Case Status Summary Report

Report Run Date: 11/11/2014 Page 1 of 1
Hospital Reporting - Case Status Summary Report - Outpatient
 Provider:
 Encounter Quarter:
 Measure Set: OQR-SURGERY
 Submitter:

Measure Set	Unique Cases Submitted ¹	Cases Accepted ²	Cases Rejected ³
OQR-SURGERY	192	192	0



Potential Duplicate Records

Purpose:

- Identifies potential duplicate records submitted to the CDAC.
 - Multiple records submitted for the same patient encounter are considered potential duplicates.



Sample Potential Duplicate Records Report

Report Run Date: Page 1 of 1
Hospital Reporting - Potential Duplicate Records Report - Outpatient
 Provider:
 Encounter Quarter:

Encounter Date	Annual Measure Time	Patient Set ID	Last Name	First Name	Sex	Birth Date	Postal Code	Upload Date	File Name	Upload User Name	Upload Batch ID	Import Provider ID	Matching ID
Provider ID:													
09/10/2013	1428	OQR-AM				33433	01/28/2014		100891_7943_20130915AMM_12471.xml	615	100	351	
09/19/2013	1428	OQR-AM				33433	01/28/2014		100891_7943_20130915AMM_13888.xml	622	100	351	



Submission Detail

Purpose:

- Provides information on the data submitted through the CDAC.
- Displays detailed information of selected uploaded data grouped by provider.
- Displays error codes.



Sample Submission Detail Report

Hospital Reporting - Submission Detail Report - Outpatient
 Provider:
 Encounter Quarter: 07/01/2014-09/30/2014
 Submission:
 Measure Set: All
 File Station: All
 Action Code: All
 Message Type: All

Batch ID	Encounter Date and Time	Upload Date	Action Code	File Name	File Status
Submission: 03/05/2015					
Batch ID	03/01/2014 10:26	03/16/2015	All	10010L_031000000.xml	Rejected
Message Count	Message: 11900	Critical Error: The submission deadline for this encounter time period has passed. Updates are no longer being accepted to the OIGR files of Warshouse.			
	Message: 17215	03/02/2015	All	10010L_031000000.xml	Accepted
	Message: 17225	OP-RL: EXCLUDED - ICD-9-CM Principal Diagnosis Code (PBRIND) indicates the patient did not have a principal diagnosis of mental disorder.			
	Message: 17225	OP-RL: EXCLUDED - Discharge code (030101C101) indicates the patient was not discharged to an Acute Care Facility - General Inpatient Care or Acute Care Facility - Department of Defense or Veterans Administration.			
Batch ID	03/01/2014 23:04	03/16/2015	All	10010L_031000000.xml	Rejected
Message Count	Message: 11900	Critical Error: The submission deadline for this encounter time period has passed. Updates are no longer being accepted to the OIGR files of Warshouse.			
	Message: 17215	03/02/2015	All	10010L_031000000.xml	Accepted
	Message: 17225	OP-RL: EXCLUDED - ICD-9-CM Principal Diagnosis Code (PBRIND) indicates the patient did not have a principal diagnosis of mental disorder.			
	Message: 17225	OP-RL: EXCLUDED - Discharge code (030101C101) indicates the patient was not discharged to an Acute Care Facility - General Inpatient Care or Acute Care Facility - Department of Defense or Veterans Administration.			
Batch ID	03/01/2014 05:42	03/16/2015	All	10010L_031000000.xml	Rejected
Message Count	Message: 11900	Critical Error: The submission deadline for this encounter time period has passed. Updates are no longer being accepted to the OIGR files of Warshouse.			



Submission Summary

Purpose:

- Provides information on the data submitted to the CDAC.
- Displays counts of accepted and rejected cases and counts of error codes.



CE Credit Process

- Complete the WebEx survey you will receive by email within the next 48 hours.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.
- Additional details are available at: www.qualityreportingcenter.com

4/15/2015



46

Thank You For Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org
- Or*
- Call the Hospital OQR Support Contractor at 866-800-8756.

This material was prepared by the Outpatient Quality Reporting Outreach and Education Support Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). FI-OQR/ASC-138-6102014-60

4/15/2015



47
