

# Hospital Outpatient Quality Reporting Program

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## Support Contractor

### QualityNet Reports and Utilization of the Secure File Transfer PM Questions and Answers

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**2:00 p.m. ET**

Question 1: Yes. My question is in regards to the Claims Detail Report. The latest report received for quarter 2 added an additional OQR stroke case, and in review I found that we had already abstracted that as an inpatient stroke case. So when I checked with the billing on that case, what I learned was that there had been an update to the billing because of the CMS two-midnight guidelines. So what they are telling me happened is, because this is a one-day stay, they billed a no pay bill to Medicare for inpatient and then billed a 121 and a 131 claim, so it was billed as Part B and outpatient. What would you recommend here? Do I remove the inpatient stroke abstract and now submit an outpatient stroke abstract?

Answer 1: This is Marty Ball with the Hospital Outpatient Program, and – actually that is a subject in our next newsletter – the Medicare Part B billing where the patient was actually admitted as an inpatient. And CMS has given direction on that that they do not want the patient abstracted as an outpatient. What happens, as you said, is the patient will be discharged, and then Medicare will come back and the patient didn't meet the qualifications for an inpatient admission, so the patient converted to

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observation. But by then, as you found, the patient was already made an inpatient.

So what we want you to do with that is, if you can, abstract another case that could be a non-Medicare case that would make up your case count. If you don't have another non-Medicare case, then keep in mind that the Hospital Outpatient Program looks at the quarters throughout the data collection cycle. So you can make it up in the following quarter or, if you are unable to do that, then go ahead and keep track of the fact that you had that case that came back and was rebilled and you weren't able to make up that case. And if there were any problems with your reconsideration, if you are being validated, then you could look at that and have documentation for that.

Question 2: Yes. I have actually two questions: first of all, is anybody else, to your knowledge, having difficulty actually getting these population sampling and duplicate records reports? We have been trying for a week, and we are unable to. QualityNet is still working on it.

Answer 2: I would suggest looking at the Known Issues document, which is located on the QualityNet home page in the bottom left-hand corner, and look at **Outpatient Known Issues**. There are things that change there, and there will be a new Known Issues document coming out any day. I think it was released possibly yesterday and maybe posted today. But there are some incidents with those reports and that is where you would find out what kind of problems they are having and the workaround, if possible.

Question 3: Thank you. On the composing mail – I've never used that, and I guess I'm trying to figure out what kind of situation or what would you be sending

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that would have to go through secure? Are you talking about sending files or –

Answer 3: You could send files. We would actually – we may send files out with it, but also if you were to file for a reconsideration process, you can send that to us, or an educational review request, send that in to us.

Question 3: Okay, but typically we're not going to use it unless we're having one of those types of issues?

Answer 3: Typically not. But the point of it is that it is a secure system to send in patient information that would not interfere with HIPAA requirements.

Answer 3: And if you are being validated, you can send information in to the CDAC through the Secure File Exchange, too – Secure File Transfer, sorry.

Question 4: I didn't understand what the 60 days – I missed the whole explanation. Can you just explain to me what the 60-day deadline was for?

Answer 4: It just means that when you send it out, they've changed the way that the information works, and each e-mail or any file that you send has an expiration date. And so the longest expiration date is 60 days, but if – you don't get a notification that the file was received or read or anything to that nature, so even if you were to receive a file, if you don't read it, it will just be deleted.

Answer 4: And that has to do when you compare it with the old system, with My QualityNet file exchange, those messages did not delete out of your box. They would be there until you would manually delete them.

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Question 5: Yes. I wanted to ask about the Secure File Transfer. On Monday I submitted some validation files through that portal, and when I had done it for the previous quarter, I received confirmation. Did I understand that we wouldn't receive confirmation now that they were received?

Answer 5: Correct. You will not receive confirmation now that they were received, but you can check your Validation Detail Report, Case Detail Report, and it may take a couple of days for that to go onto that record. And I know the deadline is here, so you can call the QualityNet Help Desk and ask them if the files were received. But that's now how you're going to know if the data has been obtained into the warehouse.

Question 6: Good morning. I'm wondering if anyone is having trouble actually getting into the Secure Portal? I am running into multiple server errors and QualityNet says – has basically said – that's just the way it is and to keep trying. And as a Security Administrator for 24 facilities, it's rather difficult sometimes to grab reports while they are still available. And I am wondering if you are aware if there is a work-around for that, or if there are any improvements coming?

Answer 6: The site depends a lot on the traffic, and as you approach deadlines, you will have more people trying to get on at the same time. I was just on and ran a report, or attempted to run a report, and probably five minutes later I didn't have any results yet. It depends a lot –

Question 6: Yeah.

Answer 6: It goes into a queue, and then they are answered kind of in order.

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Question 6: Right. I'm having the reports that I queue up on one night still sitting in the queue the next morning, or they have disappeared from the queue altogether the following morning, and I am having to start all over.

Answer 6: If they are disappearing, I would give the QualityNet Help Desk a call. I don't think that they should be disappearing. And their number – I can give you the number – is 866-288-8912.

Question 7: Hi, yes. I have a question about the Secure Portal. The difference with the autoroute – that's how I was obtaining some reports, and I think it has confused me a little bit. I would go into my inbox, there would be nothing there; however, it would be in the autoroute. Can you explain that a little bit?

Answer 7: I really can't, because we don't really oversee the QualityNet, but if you want to put that in writing, I can get that question to the right person on the QualityNet Right Now<sup>®</sup>, or Question-and-Answer tool, and we can get you an answer to that question.

Question 8: Hi. I'm not familiar with the claims reports. This is the first time I've seen them, and I'm wondering – is this something that we can use to look at patients who are included in the Imaging Efficiency measures?

Answer 8: The Imaging Efficiency measures are from claims-based data, and that data, I believe, is gathered from several different information sources. It's from another Support Contractor. You can – what we usually recommend is that you go to your billing department and look at the specifications that

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were required for that patient to be in one of the Imaging measures, and then you are able to pull that data and look at your facility's data.

Question 8: Okay, thank you.

Question 9: Hi. I was going to ask how exactly you upload your data into the Secure Transfer file, because I've uploaded some data and it is still sitting in there. And when I run reports, it is never transferred over to where it needed to go, so how exactly is this working?

Answer 9: If it is something urgent, I would recommend that you call the QualityNet Help Desk, but they do have some very good help guides on QualityNet just under the Secure Portal. There are some guides that go through all of the file uploads and file transfers. And that may be able to help you with your specific problem.

Question 10: Hi. I have a question similar to the one that was already asked, and it has to do with the mail that is in our inbox for 60 days. I am new to the facility. Is there a way to get any previous notifications in there?

Answer 10: There is not. When the Secure File Transfer – or when the QualityNet Secure Portal transferred over from the old legacy system, the mailbox and everything in there was deleted. You can re-run historical reports from QualityNet and looking back at the older data, just selecting what data you want to see, but any messages that were in the mailboxes previously have been deleted.

Question 11: This is a question about an abstraction failure. Is it okay to ask that in this forum?

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Answer 11: You can try.

Question 11: Well, I don't know what to do because it has come up this time in a SCIP. And initially with an MI, we started an exploratory laparotomy case, gave the appropriate antibiotic for that with no intention of going into the colon. But once the surgery began, they had to go into the colon, and we failed that measure because we did not give the additional antibiotic, which would have been Flagyl. And it was too late at that point – once we entered the colon, the hour of pre-surgery was finished. But there is not an option for that, so we're going to fail that measure.

Answer 11: That's a perfect question for an educational review. And on QualityNet under **Data Validation**, there is a form that you can apply for an educational review, and that will go to the validation contractor, and they will be able to review your chart and your record and help you with whatever went wrong and explain the reason why.

Question 12: Yeah, I have a clarification for the Claims Detail Report. Are you saying that's all our Medicare patients that we submitted for billing, or are these our cases that we abstracted?

Answer 12: These are cases that you billed for. So this report changes as your bills are submitted for your facility.

Answer 12: And these are cases that, if you read the Specifications Manual, there are specific things that the patient has to meet, CPT codes and such, that will put them into the measure. So when you look at these patients, these are

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the patients that meet all the criteria to go into the AMI, Chest Pain, Stroke, and Pain Management measures.

Question 13: Hi. Marty, I wanted to go back to that question that was asked earlier about the two-midnight rule. We are really, at IU Health, having some problems with admit status, and we have for quite a little bit now, probably since quarter 2. So the problem is – is the data element validated? Are they inpatient or observation?

Answer 13: Well, that isn't validated, that just makes a difference of whether they are in the inpatient program or the outpatient program.

Question 13: So when is CMS going to give us some clarification on what is going on with the two-midnight rule and how it is affecting our abstraction?

Answer 13: Well, as I said before, CMS' guidance is that they do not want patients that are inpatients going into the outpatient population. And so if you were – the big concern with our program would be, say, if you have seven AMI patients and six of those then were actually billed as inpatients, and then the claim was rejected. So you would have a considerable amount of patients that were not showing up on our data when you were submitted because you wouldn't have submitted it. So, as I say, you really just need to keep track of that. And when we look at under submission, we, a lot of times, will notify the facility or call the facility to see why, and we would have that kind of explanation from you. And we are aware of that, that it happens, and it seems to be happening more frequently. But the course of action is just to keep track of it and submit other non-Medicare claims if they are available to be submitted to make up the difference in the volume.



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Question 13: I guess it's problematic because we have such huge volumes – I'm sure we're not the only ones – that the person or group that is doing the abstraction doesn't really have the access to knowing how they are billed. That is just so – it's a different way for looking at abstraction for us. And not knowing how they are billed, do we choose to ignore what the actual order, status order, written is? Because we don't know how they are billed.

Answer 13: Well, what happens is that the patient will be on your Claims Detail Report, but then they will not be in your population because they are an inpatient, correct? Or are you seeing that chart?

Question 13: Well, we're looking – what do you mean?

Answer 13: Well, if you are seeing that chart, then you know whether the patient is an inpatient or an outpatient.

Question 13: Well, I know how it's written, and I know what status it is, but what we're finding is that status orders are getting written after discharge, and I don't believe we are allowed to use those because I have sent in a question to QNet before. But what we see is what the admit order says, that's what the status is.

Answer 13: Right.

Question 13: That's what drives the abstractor. Or what core measure list is it on? Is it on the outpatient or the inpatient? And we can see that it is an inpatient. We don't really know that it was billed that way unless we get access to the billing system, which we don't at this time. And so it's getting really

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complicated. We are having some real – even with a couple of quarter 2 cases. And do we just randomly pick other non-Medicare cases? That is really confusing for me when we have to random sample anyway.

Answer 13: Well, you are not randomly selecting other Medicare cases, you are selecting non-Medicare cases.

Question 13: How can that be a true random sample when you are handpicking your sample?

Answer 13: Well, you are selecting cases that would be replacing, so that point then – I mean, if you had 10 more cases, then you could randomly select out of that 10 by going through the requirements that are in the Specifications Manual and randomly picking every third case if you need three. Or randomly pick one out of the 10 if you need one.

Question 14: Hi. I have a question about the Secure File Exchange uploading the data from the CART. I didn't have any problem with the first quarter, but the second quarter – I thought we were supposed to zip the files and upload them. It didn't recognize that at all. So then I uploaded 134 files without zipping them, and I got 134 e-mails confirming each separate one. So I am trying to figure out what I'm doing wrong on uploading these files that are due November 1.

Answer 14: You can call QualityNet, and they could probably help you with that. They should be able to assist you, and the number for QualityNet is 866-288-8912.

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- Question 15: Hi. The call before me just answered [mine]. I guess I have to call QualityNet about uploading the files because I was having problems also. I will call them.
- Answer 15: Yeah, because when it comes to the specifics of QualityNet, they are the experts, and they look at the computer issues with the QualityNet program. So that is really your resource if you're having data upload issues. It is best to give them a call.
- Question 16: Hi. Yes, Marty. I would like to go back and get some information you were giving about if we have specific cases that need to be looked at for validation. I didn't quite catch where we were supposed to get that request form from.
- Answer 16: If you're speaking about the educational reviews, I believe?
- Question 16: Yes, please.
- Answer 16: And if you go to QualityNet, and you go to the first drop-down box under **Hospitals – Outpatient** and click that and look over to the left, I believe that is where you will see the educational review process.
- Question 16: Okay. It's called educational review process?
- Answer 16: Right. And basically what you do is you fill out an educational review. CDAC already has the records, so you don't have to worry about submitting the record. And you fax that into the validation contractor, or you can send it through Secure File Exchange, and they will obtain that

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record from the CDAC, and then they will do an educational review and notify you of that review.

Question 17: Yes. I was wondering – the reports that you mentioned, Claims Detail Report, Provider Participation Report, and the Case Status Summary Report, what report category were those under?

Answer 17: The Claims Detail Report is under the Annual Payment Update, and the Provider Participation Report is also under the Annual Payment Update. And then –

Answer 17: What was the third report? I believe it was under the Feedback Reports.

Answer 17: The Case Status Summary Report is under the Feedback Reports.

Question 18: Yes, Marty, I am aware that you said at the briefing the issue about CMS not wanting the inpatients who were billed as outpatients because of the two-midnight rule and other issues, other criteria not to be in the outpatient. We were waiting to get something in writing from you guys. Did you say that was going to be in the next newsletter?

Answer 18: Yes. It's in the next newsletter, and we're trying to get that published right now through the 508 process, which is – it should be coming out, I hope, this week or early next week.

Question 19: Hi. I have two really quick questions. My first question is about the Claims Detail Report. Did I hear you correctly say that that report has both Medicare and non-Medicare cases in there? And my second question is

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about the Preview Report. If we miss that deadline, how can we get a copy of that report?

Answer 19: On the Claims Detail Report, no, that is just the Medicare patients. The report tells you about which Medicare patients that you have billed for, but for reporting purposes, you can report Medicare and non-Medicare patients. You can randomly sample both populations. These are just the Medicare claims that you file. And as far as the Preview Report, if you miss the Preview Report period, you can call us, call QualityNet, and they will be able to see if they can get you that information. And, again, QualityNet's phone number is 866-288-8912.

Question 20: Yes, hi. I have a quick question, and I'm not sure either if this is the correct arena for it. But I need to know, and so does the group that I work with here, what is the difference between a basic user and the Security Administrator user role?

Answer 20: The Security Administrator would be the person who is responsible for submitting the information, but they can give rights to another person to be a basic user and enter information as well. But the security user would be able to assign rights to others. So they are basically in charge of the people who are going to be entering information for your facility.

Question 21: Hi, Marty. I am sorry, I missed the name on the report that you can run to verify the files that you submit through Secure File Transfer are received.

Answer 21: This is the case – are you speaking of validated cases or cases accepted into the –

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Question 21: Yes, validation reports for HAI.

Answer 21: Okay, so the Validation Summary Report. And then the – yes, Validation Summary Report.

Question 21: The Validation Summary Report?

Answer 21: Hold on. I believe it's the Case Summary Report, but if you want to ask that question in Right Now®, I'll get your question in, or give us a call here. [Editor's note: This is the correct report name.]

Question 21: Okay, thank you so much.

Answer 21: Uh-huh. Sorry about that.

Question 22: Hi. Yes. Going back to the question regarding the cases that apply as far as the two-midnight rule and the comments made that if we have one of those cases in that situation to perhaps select another case that is a non-Medicare case and abstract that in replacement – can you respond to situations where we have contracted with a vendor to use their databases and applications for abstracting this data, and that application is selecting our random samples, and we don't have the opportunity to change our sample or perhaps select a different case in that situation?

Answer 22: Well, we generally recommend that the vendors, or that the facilities, over-sample.

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Question 22: We do over-sample, but we are in a situation where that case must be abstracted in order to be able to complete our harvest and submit the data.

Answer 22: I think I've had this question before and it's kind of an issue between the hospital and the vendor because the vendor is saying that we're not getting all the data that we need to have. But the hospital just, basically, has to tell the vendor that this case was billed as an inpatient and then was refused, and we don't have a case to provide you. And then it goes back to, basically, where we look at the volume of population that has been submitted, and if you've over-sampled, then it's not going to be a problem. If it is a matter of you had six cases and this is one, then just keep track of that and we'll make – you know, if it comes down to a problem with not enough cases validated, then we can take that into consideration.

Karen VanBourgondien: This concludes our program for today. I would like to thank Mollie for the information shared with us today. We hope you have heard useful information that will help you in your Hospital Outpatient Quality Reporting Program. Please remember that you will not receive the WebEx survey for your CE certificate today. It will be sent from WebEx to your e-mail within the next 48 hours. If we did not get to your question or you come up with a question, you can use the question-and-answer tool located on [www.qualitynet.org](http://www.qualitynet.org). A Hospital OQR subject matter expert will send you a timely response. Thanks again for joining us and enjoy the rest of your day.

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