Outpatient Quality Reporting Program

Support Contractor

Help I'm New: What Do I Do?

Questions and Answers

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Question: Who may contribute to the proposed rules, and do we all have access to report?

Answer: CMS welcomes and encourages comments on the proposed rule, and anyone interested in commenting may do so. Yes, everyone will have access to the proposed rule. It is posted on www.federalregister.gov.

Question: How old is the information on Hospital Compare?

Answer: The Preview Reports that are currently available for facilities display data from different time periods. The chart-abstracted measures include data from Quarter 3 of 2015 through Quarter 1 of 2016. Measures submitted via the web-based tool include data from calendar year 2015. The influenza measure (OP-27) includes data from the 2015/2016 flu season. Finally, the Outpatient imaging efficiency measures include data from Quarter 3 of 2014 through Quarter 2 of 2015.

Question: Do you need a Security Administrator for both inpatient and outpatient, or can you have one administrator per facility that has access to both?

Answer: The same administrator can have access to both outpatient and inpatient.

Question: Is there a cost to be an SA?

Answer: No, there is no cost to become registered as a Security Administrator.

Question: Can two users use the same VIP access?

Answer: No, the VIP access is specific to each person, as it requires identity verification. Each user must go through the identify verification separately.

Question: If the hospital has been submitting only inpatient data, how do you notify CMS that we will now be submitting outpatient data?

Answer: A hospital that is about to begin reporting outpatient data has to sign a Notice of Participation (NOP). In order to file the NOP, the user must have an active Security Administrator account. For further information, you can access this link on QualityNet: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1192804530878.

Question: When you use the word "hospital," does that include ASCs also?

Answer: No, ASCs can participate in the ASCQR Program. A webinar for the ASCQR Program is scheduled for January 25 at 2 p.m. You can register for that on the qualityreportingcenter.com site, under ASC and under the **Upcoming Events** tab.

Question: What exactly do you mean by mismatch?

Answer: During the validation process, the CMS Clinical Data Abstraction Center (CDAC) re-abstracts the records submitted by the hospital. A mismatch occurs when the data abstracted by the hospital and the CDAC do not agree.

Question: Does the hospital have an option/choice to have all cases submitted, or do we have to stick with random sampling which may not be a true picture of actual outcomes?

Answer: The OQR measures only have requirements on the minimum number of charts to submit. CMS encourages submission of greater numbers than the sampling. As you have pointed out, a larger sample will, at times, provide a better picture of the actual outcome, so you can submit up to 100 percent of your data.

Question: I would like more explanation on how the QualityNet reports help manage measures or how they are used to cross check the accuracy of populations submitted.

Answer: There are several reports available. For an in-depth explanation of reports available, you may choose to view a webinar regarding this specific subject matter. This can be found on qualityreportingcenter.com under the Archived Events tab. One specific webinar that comes to mind is the October 21, 2015 OQR "Measuring Up: Benchmarks and Quality

Improvement." There are several others that may also help: the May 18, 2016 and the February 17, 2016 webinars both speak of reports and quality. The link below will take you the qualityreportingcenter.com Archived Events page:
http://www.qualityreportingcenter.com/hospitaloqr/events/.

Question: Can you use the CART tool to abstract the EBRT measure?

Answer: No, the EBRT measure is submitted via the online submission tool through QualityNet. You can find tools to assist you in the abstraction on www.qualityreportingcenter.com under the Tools and Resources area, or the attached link will take you to the Hospital OQR Program Tools and Resources page:
http://www.qualityreportingcenter.com/hospitaloqr/resources/.

Question: Report example: OP Claims Detail Report. How do other facilities use this report?

Answer: The Claims Detail Report is used to identify cases for abstraction, if necessary. It is a reflection of the Medicare claims submitted for payment by the hospital and includes those claims that fall into the various measure sets. There is a short tutorial video on our website explaining this report at: http://www.qualityreportingcenter.com/hospitaloqr/hoqr-101/.

Question: So, OP-22 must be submitted by our IT Department, or is it automatic?

Answer: OP-22 is reported via the online submission tool through QualityNet. This measure is reported annually. Who reports this data is the decision of your facility. However, this individual must have the appropriate security access.

Question: If we have zero patients for OP-33, do we just enter zero in the web tool?

Answer: Yes. If you do not provide EBRT services, you would then report "0" in the QualityNet web reporting tool.

Question: For the CY 2018 payment determination, what version of the Specifications Manual do we use for codes for reporting the surgical volumes for OP-26?

Answer: The table of CPT codes to be used for OP-26 is in the online version of the Specifications Manual, version 9.1.

Question: Does the Notice of Participation (NOP) for a Critical Access Hospital have to be completed when we initially set up reporting, or is it to be done for every quarter after the initial set-up?

Answer: The NOP is completed once and stays in place unless the hospital withdraws from the program.

Question: Why is EBRT, OP-33, overlapping from OP to PCHQR? There are resources in both, and it becomes confusing.

Answer: I am unable to speak for the PCHQR, but for the OQR Program, OP-33 would only be for patients receiving EBRT in the outpatient setting. PCHQR and OQR are two separate programs.

Question: We received an email yesterday that the submission start for OP web-based moved to March instead of Jan 1. Please advise.

Answer: The payment year 2018 selection is not functioning. QualityNet is currently working on a solution. As such, facilities are unable to submit their data until such time as it is operational, which is tentatively set for the end of March. Notification will be sent when this has been corrected.

Question: When abstracting OP-26, -29, and -30 that are yearly data, which Specifications Manual should be used for submitting the year 2016?

Answer: You would use the Specifications Manual that correlates with the data collection time period 9.0a or 9.1. However, since the updated codes for OP-26 do not become available until November, for this measure you will use version 9.1. The direct link to the Specifications Manual is: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244.

Question: Slide 29 - Initial physician contact. Does the documentation have to clearly state the physician initiated the examination? Is documentation that the physician saw the patient sufficient?

Answer: The medical record documentation must convey the patient had direct contact with the physician/APN/PA or institutionally credentialed provider in the emergency department. If you have a specific question, submit your question through the Q&A tool via QualityNet.org. https://cms-ocsq.custhelp.com/app/homeoqr/p/359/session/L3RpbWUvMTQ4NTI2NjA5NS9zaWQvMm5RSXR1OW4%3D

Question: For EBRT, if the physician's notes state that the patient has spinal cord compression, but it is not coded as such, what do you do?

Answer: It is not required for spinal cord compression to be coded to be used as a denominator exclusion. Documentation in the medical record of spinal cord compression is an acceptable denominator exclusion as long as it is related to the bone metastases being treated with EBRT.

Question: How can a hospital drill down on imaging measures? What internal report can we run?

Answer: Please note that patient-level claims data for the OIE measures are only provided to facilities during a one-time dry run reporting period that occurs before the first year that the measures are publicly reported on Hospital Compare. Once public reporting for OIE measures has begun, only facility-level data are made available during the preview period. The dry run for OIE measures OP-8, -9, -10 and -11 reported patient-level claims data from calendar year 2007 and was released to facilities' QualityNet inboxes in February 2010. The dry run for OIE measures OP-13 and -14 reported claims from calendar year 2009 and was released to facilities in April 2011. These dry run reports can be accessed by facilities through their QualityNet inboxes. If you are not familiar with how to access your inbox, please contact the QualityNet Help Desk. For a complete description of the importance of the OIE measures and how scores should be interpreted, please vist the below link:
http://www.medicare.gov/hospitalcompare/about/medical-imaging.html