Welcome!

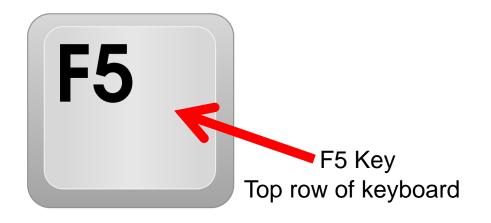
- Presentation slides can be downloaded from <u>www.qualityreportingcenter.com</u> under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk[®] Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.

ReadyTalk

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stops?

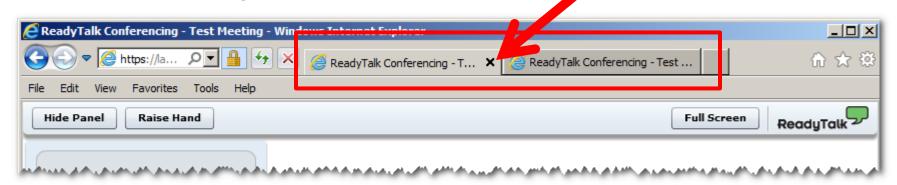
- Click Refresh icon or
- Click F5





Troubleshooting Echo

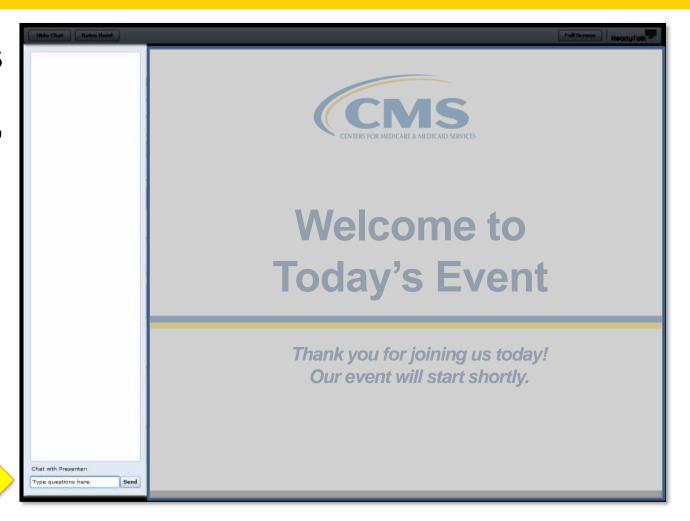
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the "Chat with Presenter" section located on the bottom-left corner of your screen.





Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting



Project Coordinator

Hospital Outpatient Quality Reporting (OQR) Program

Support Contractor

March 21, 2018

Announcements

May 1, 2018: Clinical Data and Population and Sampling deadline for Quarter 4 (October 1–December 31) 2017 encounters

May 15, 2018: Measures submitted via a web-based tool due to QualityNet and the National Healthcare Safety Network (NHSN)

Please be sure to access the NHSN and the QualityNet Secure Portal every 60 days to keep your passwords active.

NHSN Consent Forms

Facility Administrators and Primary Contacts must review and sign updated form

- Form available now
- Must sign electronically by April 14, 2018
- May lose access to NHSN if not signed
- NHSN guidance document available at <u>https://www.cdc.gov/nhsn/pdfs/gen-support/ReconsentStepsforUsers-508.pdf</u>

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Save the Date

- Upcoming Hospital OQR Program educational webinar:
 - April 18, 2018: Discussing tools and resources available to assist you with successful reporting
- Notifications of additional educational webinars will be sent via ListServe

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Learning Objectives

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

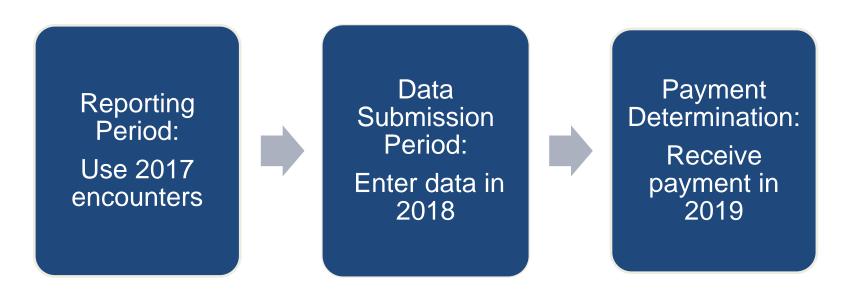
- State the submission deadlines for the Hospital OQR Program.
- Summarize the data submission process.
- Identify at least two ways to check data submission efforts.
- Recognize staffing issues that may interfere with reporting for the program.



What and When to Report

Current Submission

Reporting requirements for a given calendar year (CY) affect the hospital's Outpatient Prospective Payment System (OPPS) payment update for the upcoming CY.



When Do We Quit Submitting?

- Clinical data (OP-1, -4, -20, -21)
 - Collect through Quarter 1 2018 for encounter dates of January 1–March 31, 2018
 - Submit by August 1, 2018
- Web-based data (OP-25, -26)
 - Gather from 2017 encounters
 - Submit by May 15, 2018

Specifications Manual

- For encounters January 1–December 31, 2017, use version 10.0a.
 - Measures being submitted now
- For encounters January 1–December 31, 2018, use version 11.0a.

Data Deadlines

Clinical Data: CY 2019 Payment Determination

Clinical Data Submission	Encounter Dates	Encounter Quarters
11/01/17	04/01/17–06/30/17	Q2 2017
02/01/18	07/01/17–09/30/17	Q3 2017
05/01/18	10/01/17–12/31/17	Q4 2017
08/01/18	01/01/18–03/31/18	Q1 2018

Submission Threshold

- What is the five or fewer rule?
 - Hospitals with five or fewer cases in a quarter are not required to submit data for that measure set.
 - Acute Myocardial Infarction (AMI) and Chest Pain (CP) measure sets are combined.
- What if you want to submit more cases?
 - Hospitals that are not required to submit under the five or fewer rule may do so voluntarily.

Examples

AMI
$$(2) +$$

CP $(3) =$
5 cases total

- Not required to submit
- Can submit voluntarily

AMI (3) +
CP (3) =
6 cases total

 Required to submit at least 6 cases for this measure set

Clinical Measures

Sample Size Requirements: OP-1, OP-2, OP-3, OP-4, OP-5, OP-21, and OP-23

Population Per Quarter	≤ 80	
Quarterly Sample Size	Use all cases	
Monthly Sample Size	Use all cases	
Population Per Quarter	81-100	
Quarterly Sample Size	80	
Monthly Sample Size	27	
Population Per Quarter	101-125	
Quarterly Sample Size	95	
Monthly Sample Size	32	
Population Per Quarter	126-150	
Quarterly Sample Size	109	
Monthly Sample Size	37	
Population Per Quarter	151-175	
Quarterly Sample Size	121	
Monthly Sample Size	41	

ED-Throughput

Sample Size Requirements: OP-18 and OP-20

Population Per Quarter	0-900	
Quarterly Sample Size	63	
Monthly Sample Size	21	
Population Per Quarter	≥ 901	
Quarterly Sample Size	96	
Monthly Sample Size	32	

Web-Based Measures

CY 2019 Payment Determination

Web-Based Measures	Encounter Dates	Submission Dates
OP-12, -17, -22, -25, -26, -29, -30, -31*, -33	01/01/17–12/31/17	01/01/18— 05/15/18
OP-27	10/01/17–03/31/18	10/01/17–05/15/18

^{*} Voluntary Measure

More Sample Sizes

Sample Size Requirements: OP-29, OP-30, and OP-31

Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Quarterly Sample Size	24

^{*}If a hospital has 20 or fewer cases, it is not required to submit any data, but it may voluntarily submit these data.

OP-33

Sample Size Requirements: OP-33

Population Per Year	Sampling Requirements
≤ 39	Include all cases
40-200	40
201-500	20% of cases
≥ 501	100
Population Per Quarter	Sampling Requirements
< 10	Include all cases
10-50	10
51-125	20% of cases
≥ 126	25
Population Per Month	Sampling Requirements
< 4	Include all cases
4-16	4
17-41	20% of cases
≥ 42	9



Entering Your Data

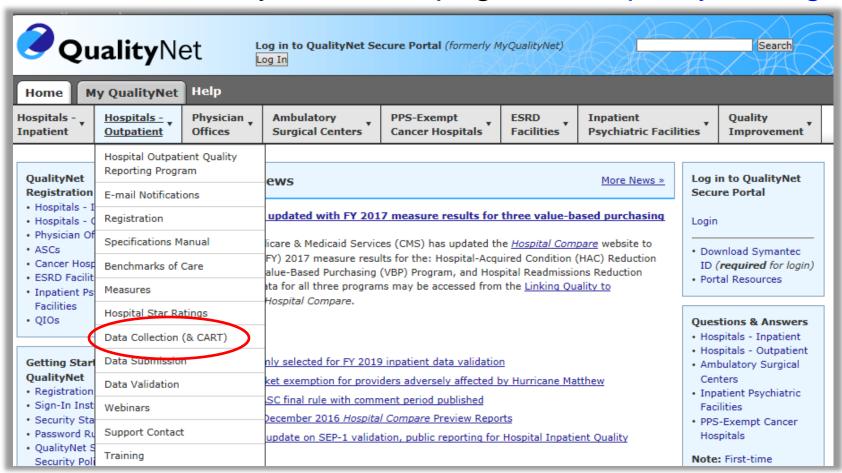
What Is CART?

- CMS* Abstraction and Reporting Tool
- Seeks to improve quality in the clinical areas of:
 - AMI
 - CP
 - ED-Throughput
 - Pain Management
 - Stroke

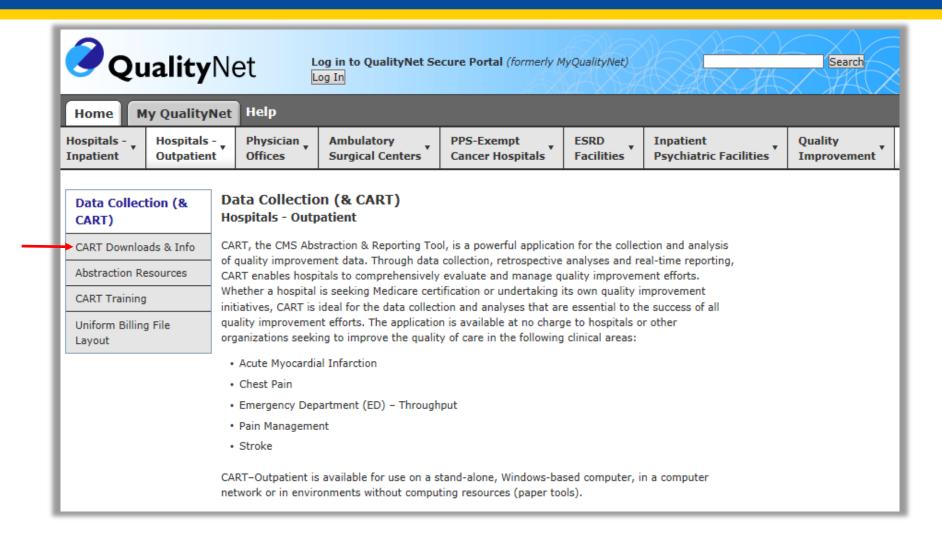
^{*}Centers for Medicare & Medicaid Services

Finding CART

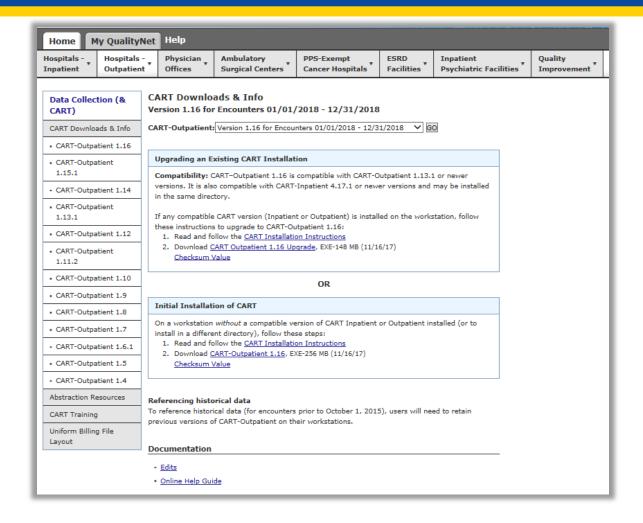
From the QualityNet home page: www.qualitynet.org



Abstraction Resources



Selecting the Version



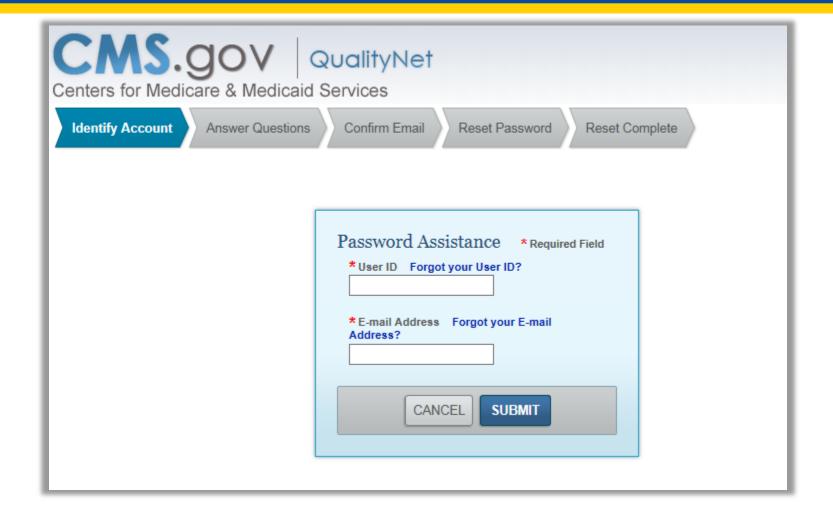


QualityNet

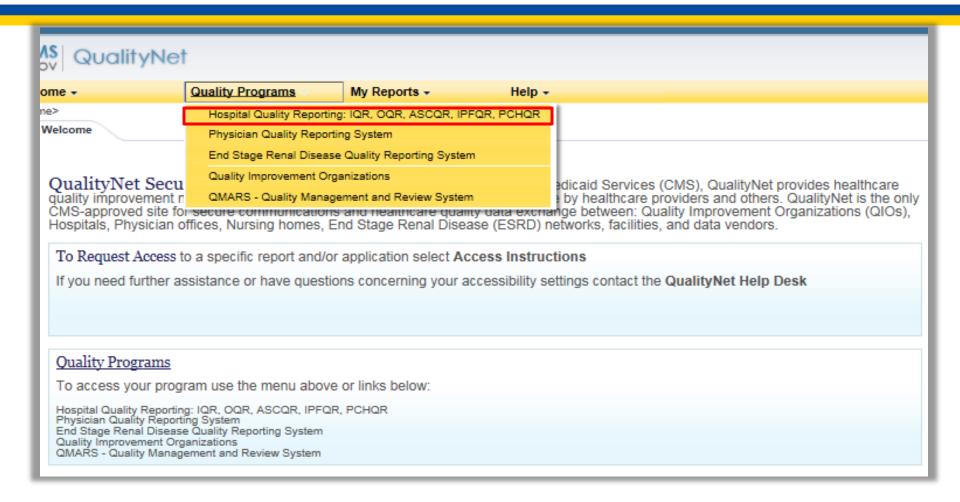
What Is My Password?



New Password

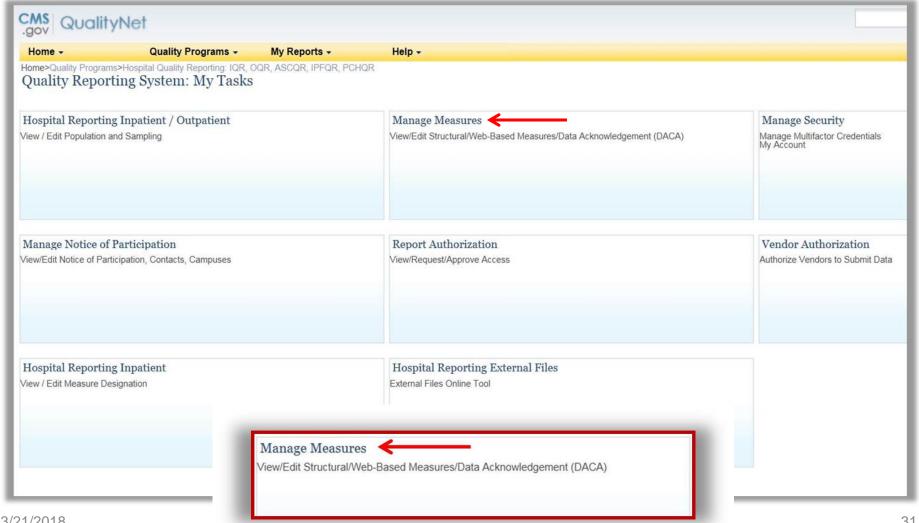


Select Your Program

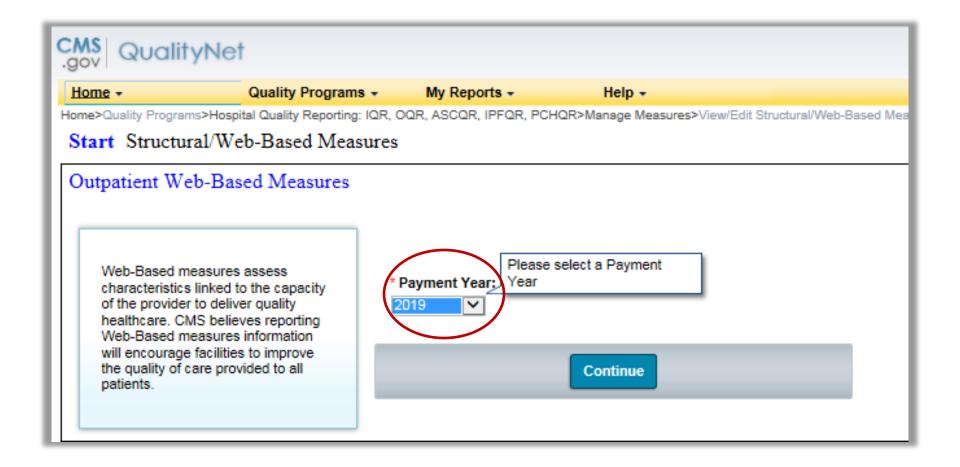


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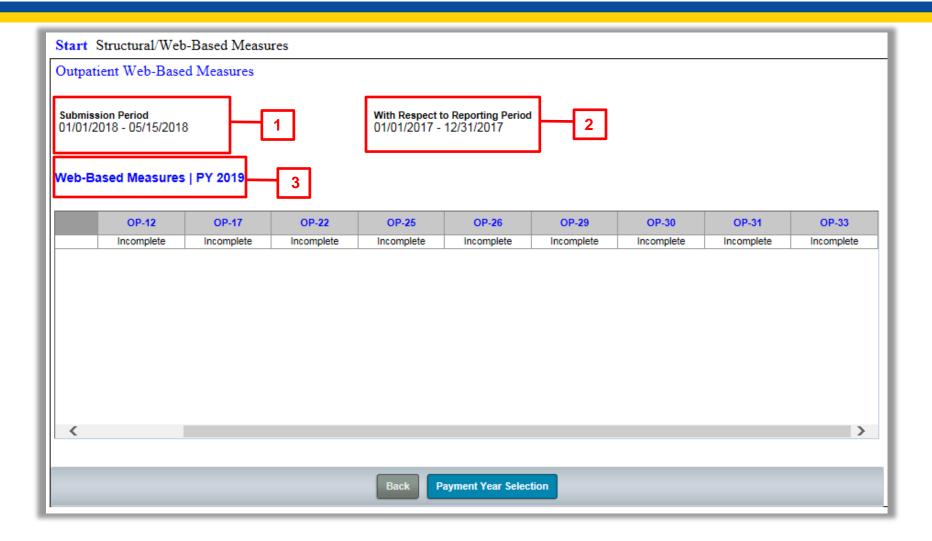
Manage Measures



Select the Payment Year



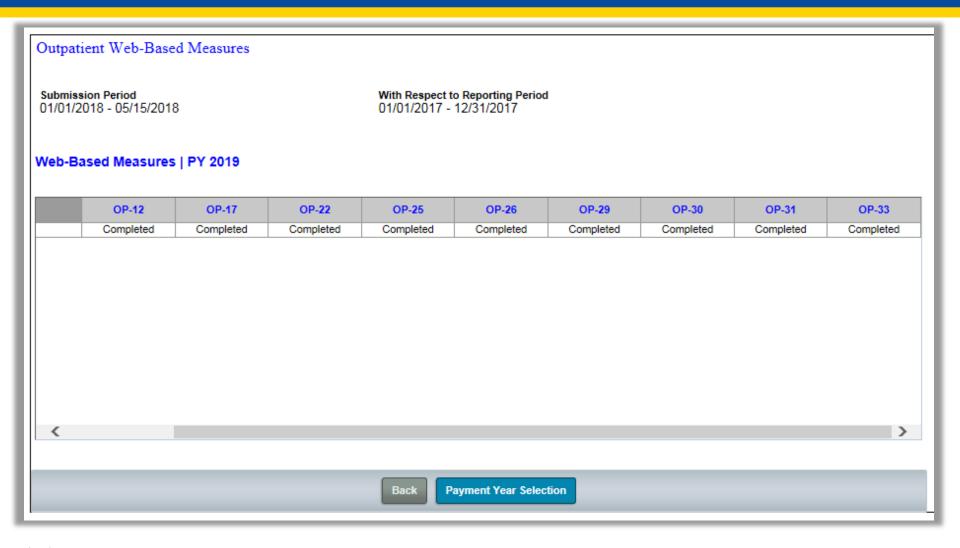
Verify the Information



Entering Zeros

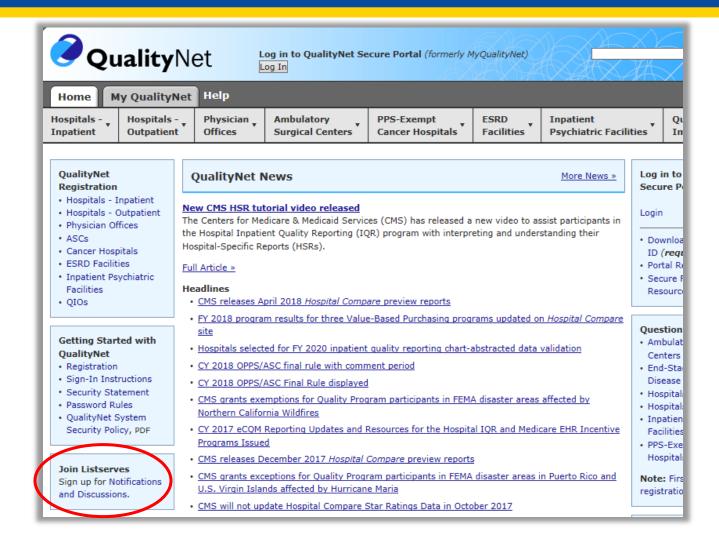
OP-2	OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients				
Popu	Population (Not Required)				
What	What was your hospital's Total Population?				
0					
What	was your bossitalla sample size?				
	was your hospital's sample size?				
0					
What	What was your hospital's sampling frequency?				
	Monthly				
0	Quarterly				
	Not Sampled N/A - Submission not required				
Marine	erator				
Num	erator				
* Pati	Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report				
0	0				
Deno	Denominator				
* All p	All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy				
0	0				

Save a Copy

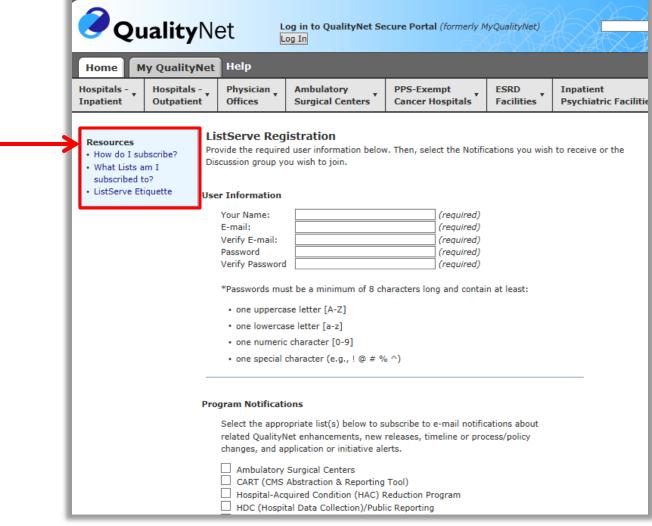




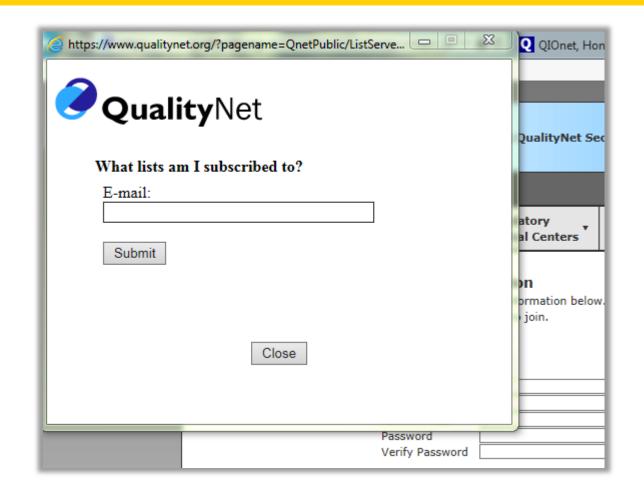
ListServe



Enter Your Information



Enter Your Email Address



Select Your Program



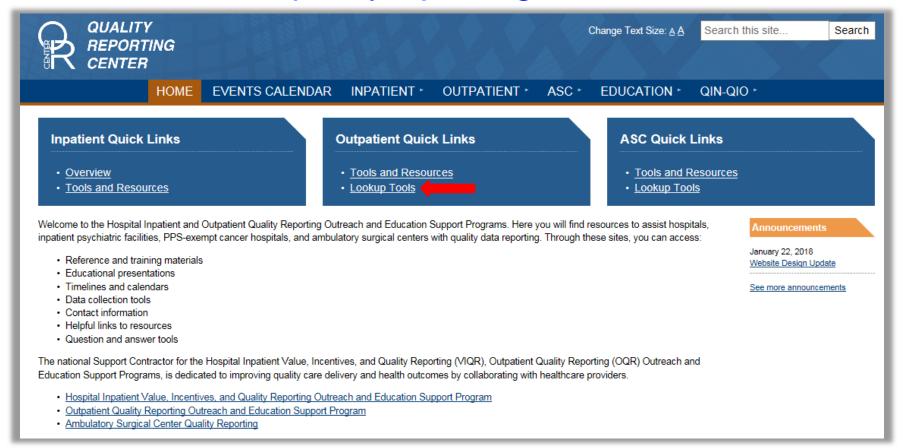
OP-27

OP-27: Influenza Vaccination Coverage among Healthcare Personnel

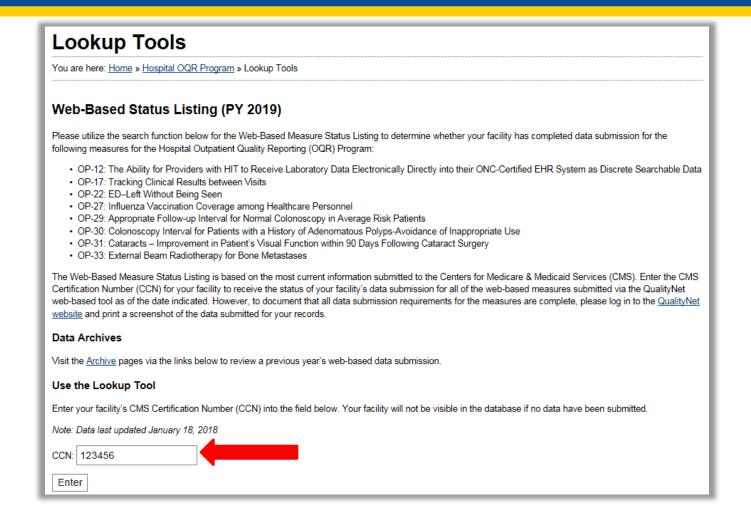
- Facilities report vaccination data for three categories of hospital personnel
- Entered annually via a web-based tool through the NHSN
- Entered per facility

Lookup Tool

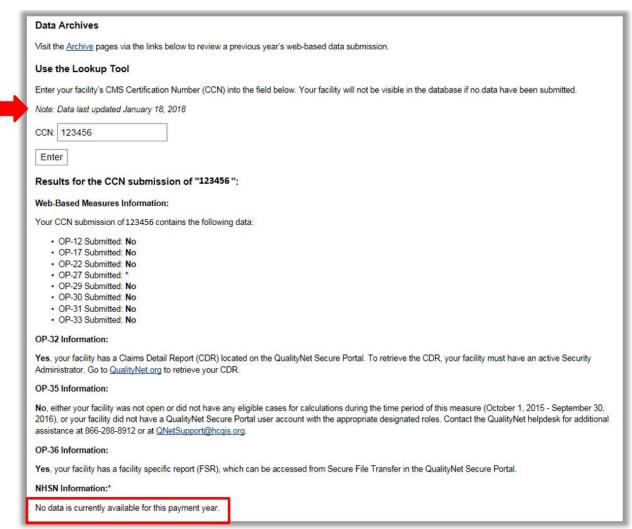
www.qualityreportingcenter.com



Enter Your Facility



Find Your Data



Keeping It Straight

- Run reports in QualityNet
 - Provider Participation Report (PPR)
 - Claims Detail Report
 - Submission Summary Report
 - Case Status Summary Report
- Always double-check your submission



Validation

Data and Validation

OPPS Payment Update: Applicable Quarters

	Data Submission	Validation Results		
CY 2019	 Q2 2017 Q3 2017 Q4 2017 Q1 2018 	Q1 2017Q2 2017Q3 2017Q4 2017		
		Validation Results		
	Data Submission	Validation Results		

Validation

- Randomly selected 450 hospitals
 - Open status
 - Paid under OPPS
 - Active Notice of Participation
 - Submitted at least 12 cases
- Targeted 50 hospitals
 - Failed validation or
 - Had an outlier value
- Selected hospitals must submit medical documentation within 45 days
- Hospitals must obtain at least a 75% validation score

Validation Requests

Scheduled CDAC* Record Requests

CDAC Record Requests	Encounter Dates	Encounter Quarter
Sep 2017	01/01/17–03/31/17	Q1 2017
Dec 2017	04/01/17–06/30/17	Q2 2017
Mar 2018	07/01/17–09/30/17	Q3 2017
Jun 2018	10/01/17–12/31/17	Q4 2017

^{*}Clinical Data Abstraction Center

Validation Reports

Available through QualityNet

- Case Selection Report
 - Displays a list of cases selected for validation
- Confidence Interval Report
 - Displays the confidence interval reliability result
- Case Detail Report
 - Compares the hospital's abstraction to the CDAC's re-abstraction result



Administrative Issues

Back to Our Website

www.qualityreportingcenter.com



- · Reference and training materials
- · Educational presentations
- · Timelines and calendars
- · Data collection tools
- · Contact information
- · Helpful links to resources
- · Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- · Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program
- Outpatient Quality Reporting Outreach and Education Support Program
- · Ambulatory Surgical Center Quality Reporting

January 29, 2018
Attention: The webinar titled HIQR
Program Requirements for
Calendar Year 2018 (Fiscal Year
2020 Payment Determination) has
been rescheduled for February 7,
2018

January 22, 2018 Website Design Update

See more announcements

Contact Change Form

Public Reporting					
Outpatient Hospital Compare Preview Quick Reference Guide	A quick reference guide for your facility's publicly reported data				
Outpatient Hospital Compare Preview Report Help Guide	An instructional guide for hospitals on how to access and understand publicly reported data				
Program Resources					
Successful Reporting in the Hospital OQR Program: A Step-by-Step Guide for New Facilities	Essential information for those new to the Hospital OQR Program				
Hospital OQR Reference Checklist	Summary of the current year's program requirements				
Hospital OQR Important Dates for Calendar Year 2019 Payment Determination	Summary of calendar year 2019 payment determination's reporting dates				
Hospital OQR Important Dates for Calendar Year 2020 Payment Determination	Summary of calendar year 2020 payment determination's reporting dates				
Q4 2017 Hospital Quality Reporting Checklist	A step-by-step guide for data submission				
Hospital Outpatient Quality Reporting Question and Answers Tool	Immediate feedback to your questions and a searchable database of past responses				
Q1 2018 Outpatient/Inpatient Timeline	Reporting deadlines and important dates for the OQR and IQR Program				
Hospital OQR: ListServe	Email sign-up to receive the most up-to-date information and education				
Hospital OQR on QualityNet	Program information and access to data submission portal and reports				
CMS Extraordinary Circumstances Exceptions Guidelines and Form	Please visit QualityNet.org				
Hospital Contact Change Form	Update your facility's contact information				
Hospital Quality Reporting 101	Resources for new quality reporting professionals				

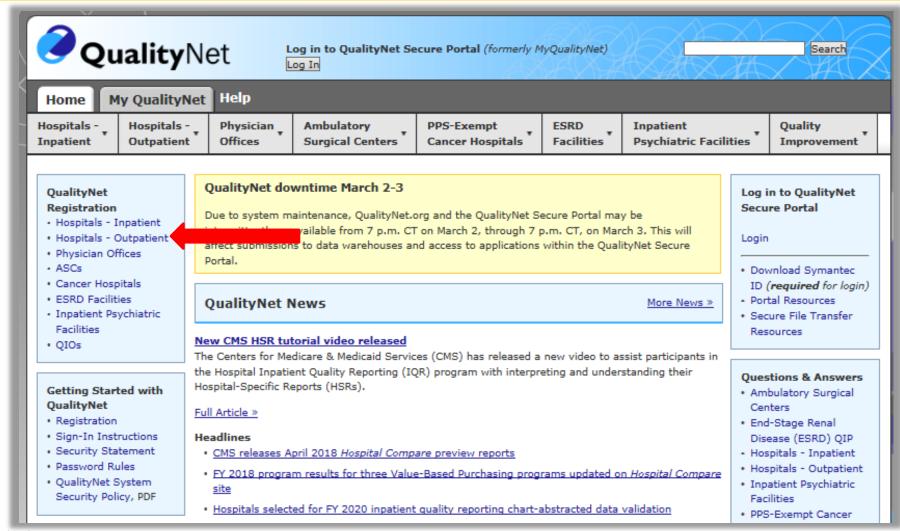
Complete the Form

Hospital Contact Change Form								
Complete and submit this form only if any of the contact types indicated below have changed in your facility. If there are no updates to be made, please do not submit this form. Provide information only for the contact types that need to be added, updated, or removed. If a contact type does not apply, please leave the section blank or indicate not applicable (N/A). Form may be sent by email to QRSupport@hcqis.org or secure fax at (877) 789-4443.								
Date:		Provider Name:		or seedle lag at (677)	Provider ID/CCN:			
		Contact Name/Title		Fan Namhan	Phone Number:			
Type of Change	Contact	Contact Name/1itle	Telephone Number	Fax Number	Email Address	Mailing Address		
Add New Contact	CEO/Administrator Contact							
 □ Update Existing Contact □ Remove Existing Contact 								
Add New Contact	Hospital Inpatient Quality							
Update Existing Contact	Reporting (IQR) Contact							
■ Remove Existing Contact								
Add New Contact	Outpatient Quality Reporting							
Update Existing Contact	(OQR) Contact							
Remove Existing Contact								
Add New Contact	Inpatient Psychiatric							
Update Existing Contact	Facility Quality Reporting							
Remove Existing Contact	(IPFQR) Contact							
Add New Contact								
Update Existing Contact	PPS-Exempt Cancer Hospital							
	Quality Reporting (PCHQR)							
Remove Existing Contact	Contact Medical Records Contact							
Add New Contact	Medical Records Confact							
Update Existing Contact								
Remove Existing Contact	27.6							
Add New Contact	National Healthcare Safety Network (NHSN) Contact							
Update Existing Contact	(Infection Control)							
Remove Existing Contact	,							
Add New Contact	Quality Management/							
Update Existing Contact	Improvement Contact							
Remove Existing Contact								
Add New Contact	*QualityNet Security							
Update Existing Contact	Administrator (SA) Contact							
■ Remove Existing Contact								
ST and and Made all and Overlide Mad CA a	From Calling and single in the IOD and	or IDEOD Program must designate a minimum	of one CA To managed a could	intermedian afforditaMateu	and Carilleian and Linkley and annual to	and the second s		

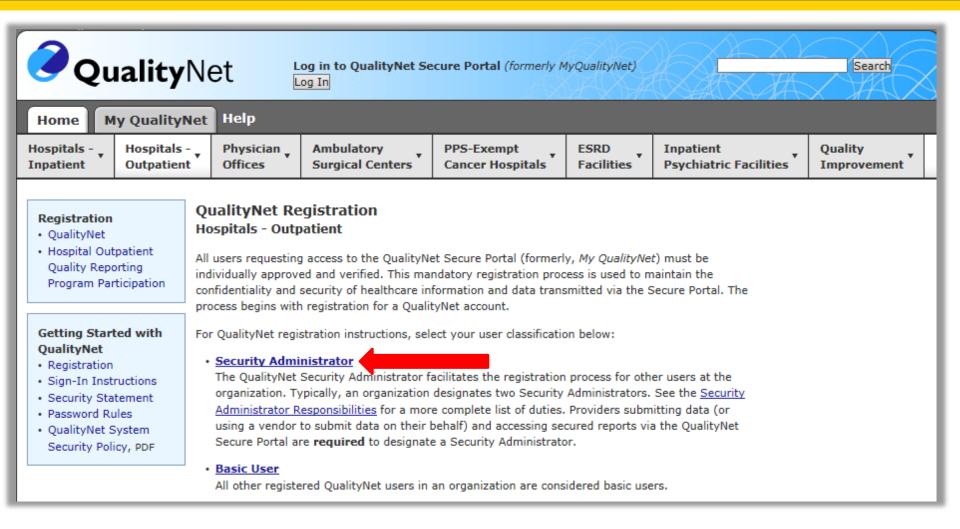
*Important Note about QualityNet SAs: Every facility participating in the IQR and/or IPFQR Program must designate a minimum of one SA. To prevent possible interruption of QualityNet access, facilities are highly encourant not have one, it may be at risk of incurring a reduction to its annual payment update (APU). For more information about how to designate an SA, please refer to the QualityNet Security Administrator Registration page.

Please Note: Submitting SA contact information on this form Will. NOT undate or change your SA information in QualityNet.

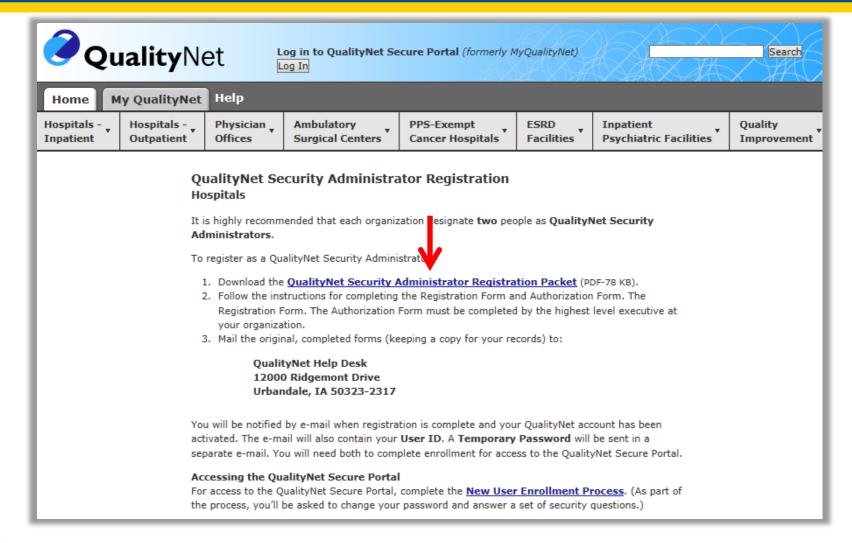
Security Administrator



Choose Your Option



Complete the Packet



Don't let yourself get underwater!



Contact Us

- Support Contractor
 - Helpdesk: 866.800.8756
 - www.qualityreportingcenter.com
- Have a question? Use the Questions & Answers tool
 - https://cms-ocsq.custhelp.com/
- CDAC
 - **•** 717.718.1230

Thank You!



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

3/21/2018

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CE Credit Process

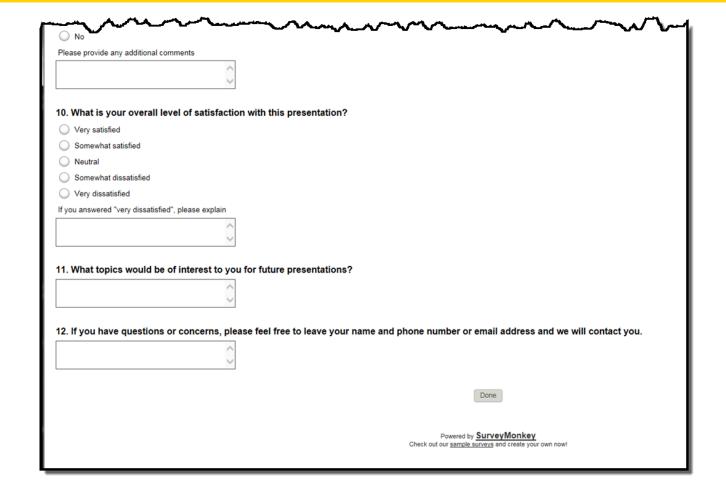
- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your personal email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

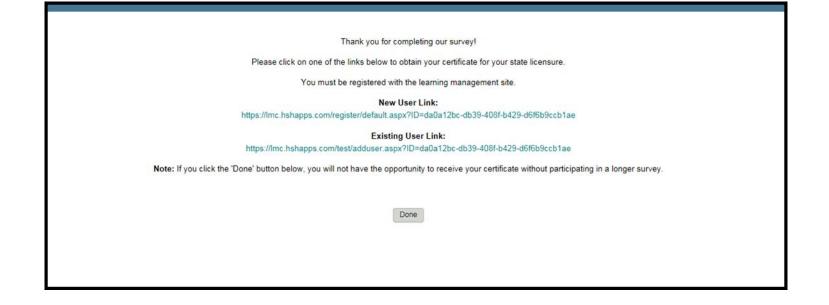
- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

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CE Credit Process: Survey

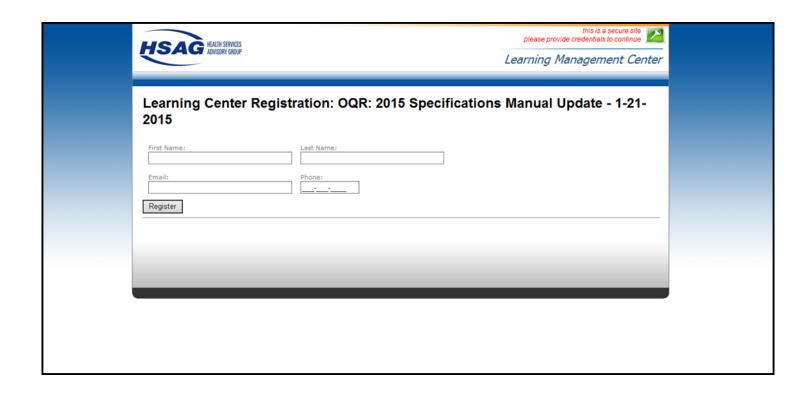


CE Credit Process

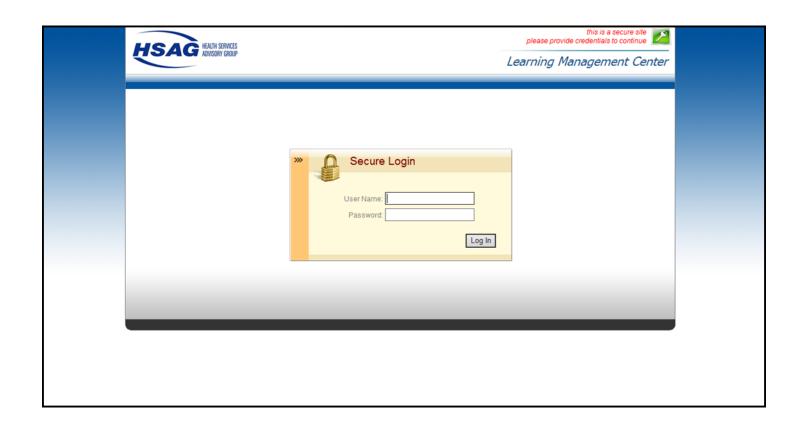


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CE Credit Process: New User



CE Credit Process: Existing User



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Thank You for Participating!

Please contact the Support Contractor if you have any questions:

 Submit questions online through the QualityNet Question & Answer Tool at <u>www.qualitynet.org</u>

Or

 Call the Support Contractor at 866.800.8756.