Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR)
APU Reconsideration Process Webinar

Presentation

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Operator: Welcome to the Hospital Outpatient Quality Reporting, OQR, APU Reconsideration Process webinar. My name is Allie, and I will be your operator for today's call. At this time, all participants are in a listen-only mode. Later, we will conduct a question-and-answer session. Please note that this conference is being recorded.

I will now turn the call over to Reneé Parks. Reneé, you may begin.

Reneé Parks: Hello and welcome, everyone, to the Hospital Outpatient Quality Reporting Program reconsideration process for calendar year 2017. As stated earlier, my name is Reneé Parks, and I will be the host for today's event.

Let me introduce today's speakers, Jim Poyer and Elizabeth Bainger. Jim has supervised a dedicated staff of CMS experts since 2008. Mr. Poyer's division at CMS administers five Value-Based Purchasing programs and five CMS Quality Reporting programs. These programs incentivize providers for improving quality and transparency through linking payment to quality and reporting of quality data. Jim has worked at CMS since 2002 and worked in several federal agencies since 1987. He earned his master's degree in survey methodology and business administration from the University of Maryland, College Park.

And also joining us is Dr. Elizabeth Bainger. Elizabeth joined CMS in June of 2014 to become Program Lead for the Hospital OQR Program. She has a doctorate of nursing practice from the University of Maryland with an administrative focus on quality improvement. She has a broad clinical background, including behavioral health, ambulatory surgery, cardiac care, critical care, light nursing, and nursing education. Elizabeth's quality improvement background includes positions as a performance improvement coordinator and a senior abstraction specialist. She is a Certified Professional in Healthcare Quality and a member of the National Association of Healthcare Quality.

And now let me turn the program over to Jim.

Jim Poyer: Thank you so much. I want to welcome everyone on behalf of CMS to this, and I appreciate your time and understand you probably have a lot of questions, as I think we had notified you in the past few weeks in terms of a determination that might impact adversely your Outpatient Prospective Payment System payment for calendar year 2017. And we appreciate that, and want to get you key information. This is your opportunity to submit a reconsideration to be able to inform CMS for us to be able to potentially reconsider and potentially reverse that payment. And we take that role very seriously.

A few key steps before I hand over the virtual mike to Elizabeth. When you submit your Reconsideration Request, please be as specific as possible; we want to hear of your attempt to be able to comply with the CMS requirement that was noted in the letter for that we determined in terms of you not meeting, for whether it be a quality reporting or a validation requirement. Please be as specific as possible.

And what I'm talking about is attempts to be able to contact help desks or submit data, which dates and who you talked to, what date—as specific as much as possible. That will help us in our determination whether in, just as critically, what you attempted to do to be able to comply with the requirement as well as with respect to whether CMS systems or federal systems or our communications might have adversely impacted your ability to able to comply with the requirement. So – as specific as possible in terms of something that had adversely impacted your ability to be able to comply with the requirement. And we take the -- not only for your reconsideration, but also this informs our policy in terms of how to be able to fine tune and further improve the outreach, education, and systems that are underlying these programs. And we really appreciate your time.

And with that, I'm going to turn it over to Elizabeth Bainger, our Program Lead. Elizabeth?

Elizabeth Bainger: Thank you very much, Jim. I appreciate your introduction to letting people know the importance of the reconsideration process.

The purpose of today's presentation--if you could move to slide 2, please--the purpose of today's presentation is to provide information regarding the reconsideration process for the calendar year 2017. And this information will be applicable to the Hospital Outpatient Quality Reporting Program, or Hospital OQR Program.

We hope that by participating in this webinar you'll understand the Hospital OQR Program requirements for the reconsideration process, and you'll understand how to submit a Reconsideration Request. In the event that the original finding is upheld through the reconsideration process, you'll also learn how to file an appeal if you should choose to do so.

Eligible facilities paid under the Outpatient Prospective Payment System, or OPPS, that do not meet all Hospital OQR Program requirements may receive a two percent point reduction in the payment update. For the calendar year 2017, CMS has notified hospitals that are subject to the Hospital OQR payment reductions. We FedExed letters on October 19th.

Currently, there are 3,228 acute care hospitals that are eligible to participate in the Hospital OQR Program. Of these, 97.3 percent met all program requirements; two percent, or 66 hospitals, chose not to participate in the program; and the remaining hospitals, 21 hospitals out of the 3,228, or 0.65 percent, did not meet quality measure data submission requirements. And it's these 21 hospitals that we're focusing on today. These are the hospitals that are eligible for the program, indicated they wanted to participate in the program, but did not meet program requirements.

Now, the information I just mentioned is publicly available, and you can go to the *QualityNet* website and find that list of 3,141 hospitals that met all the requirements, 66 hospitals that chose not to participate, and the 21 hospitals that did not meet the requirements.

Let's look a little more at the program requirements. The Hospital OQR Program required patient-level, chart-abstracted data to be submitted for Quarters 3 and 4 of 2015 and Quarter 1 of 2016. Remember, this was a transition year, and we only looked at three quarters of chart-abstracted data. Measures submitted through the CMS *QualityNet* website apply to patient encounters through the calendar year 2015, so from January to December 31 of 2015.

And then the applicable flu season ran from October 1, 2015, through March 31, 2016. Those measures were submitted using the web-based tool

at the NHSN website. All of the measures submitted using a web-based tool, either through *QualityNet* or through the NHSN website, all of those measures were due by May 15, 2016.

Here's another rundown of the program requirements, but this slide also lists the administrative requirements and the validation requirements in addition to the data submission requirements that were on the previous slide. A hospital must register with *QualityNet* and maintain an active Security Administrator; complete and submit the Hospital OQR Program Notice of Participation and submit that via *QualityNet's* Secure Portal; collect and submit the patient-level, chart-abstracted data for Quarters 3 and 4 of 2015 and Quarter 1 of 2016. And on this slide, that's referred to as "clinical data," but we are talking about that patient-level, chart-abstracted data.

Also, moving down, collect and submit the data using the web-based tool, and that's either via the CMS *QualityNet* online tool or via the NHSN CDC online submission tool. And if selected for validation, your hospital must pass the validation process. The form and manner of data submission is clearly defined in the *Federal Register*, as is the Hospital OQR validation process and administrative requirements.

Payment determination notification letters were mailed on October 19 via Federal Express to the hospitals that did not meet one or more of the program requirements. Requests for reconsiderations must be received by CMS on or before February 1, 2017. I strongly urge you not to wait until the deadline, for reasons I'll go over during the next few slides.

An overview of the reconsideration process, as well as the Reconsideration Request Form, can be found on the CMS *QualityNet* website by using the direct link provided on this slide. I do want to point out that, in order for these links to be clickable, you need to download the slides. Otherwise, just copy and paste the link into your browser.

To access resources related to the reconsideration process from the home page on *QualityNet*, select **Hospitals-Outpatient**, and the drop-down seen here on the slide. From the drop-down menu, select the **Hospital Outpatient Quality Reporting Program** link, as displayed with the red arrow.

To get to the Reconsideration Overview page, select **APU Reconsideration**, circled here in red, and then click on the bolded **Hospital OQR Reconsideration Process for Calendar Year 2017, APU Determinations** link. This page will provide you with resources to assist you in filing for reconsideration, and you'll also be able to access the form itself.

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When submitting your Reconsideration Request, it is extremely important to ensure that you have filled out this form completely and accurately. All fields that contain an asterisk are mandatory. You must provide a CMS-identified reason why your facility didn't--let me start out again. You must provide a CMS-identified reason for why your facility did not meet the Hospital OQR requirements. This information was provided in the notification letter your hospital received.

Requests for reconsideration should be specific, complete, and include details. If your hospital is requesting reconsideration related to validation results, send a copy of the Reconsideration Request Form Part 2 to the validation contractor. That's not on this slide, so I'm going to say it again. If your hospital was selected for validation and if CMS determined that your hospital did not meet program requirements due to a confidence interval validation score of less than 75 percent, then you must complete and submit Part 2 of the Reconsideration Request Form.

Along with that form, you must send a copy of the entire medical record as previously sent to the Clinical Data Abstraction Center contractor, or CDAC contractor, for the appealed elements. Again, you will send Part 2 of the Reconsideration Request Form and the medical record to the validation contractor. All of this information is available in the *QualityNet* website, but it wasn't presented in this slide deck, so I wanted to emphasize it.

Let's move on to the next slide. Include the specific reasons why you feel your hospital met the program requirements and why you should receive a full payment update. There are three methods for submitting Part 1 of the Reconsideration Request Form. First, you could submit the form via secure file transfer to the APU Group. But please note that this method does not allow you to attach additional documentation. If you use this method, you can only submit the Reconsideration Request Form.

Alternatively, you may submit via secure fax at 877-789-4443 or by email at qrsupport@hcqis.org. The last two methods will allow you to attach additional documentation along with the Reconsideration Request Form. This might include Help Desk ticket numbers, correspondence, screenshots, emails from NHSN. I strongly encourage you to attach supporting documentation.

So, for instance, if you reached out repeatedly to the Help Desk, then please send us those ticket numbers. Again, screenshots and correspondence are very helpful. This is your opportunity to make your case and help us understand your efforts to comply with program requirements.

Again, the form and supporting documentation must be received by CMS no later than February 1, 2017. And please don't wait until the last day to complete the submission, and here's why.

After CMS receives your completed Reconsideration Request Form, we will send an email acknowledgment to the designated hospital contact using the contact information provided in the Reconsideration Request, notifying them that the hospital's request has been received. We usually acknowledge receipt on the same day that the Reconsideration Request Form is received, but it could take up to 48 hours. So that means if you wait until the February 1 deadline, and then February 3 rolls around and you reach out to CMS, wondering why we never acknowledged receipt, now you've missed the deadline, and we've had this happen. We've had a hospital that waited until the deadline to fax their form, and it turned out they faxed it to the wrong number. We never got their request. They missed the reconsideration deadline.

Moving down this slide, CMS will provide a formal response to the designated hospital contact using the contact information provided in the Reconsideration Request, notifying the hospital of the outcome of the reconsideration process. We expect that process to be completed within 90 days following the deadline for submitting a Reconsideration Request.

Now, if your hospital is not satisfied with the results of the reconsideration, you may file an appeal with the Provider Reimbursement Review Board, or PRRB. But an appeal can only be filed with the PRRB if you've submitted a Reconsideration Request by the February 1 deadline and you went through the reconsideration process. So to be clear, you must file a Reconsideration Request first. And then if you're dissatisfied, you can appeal to the PRRB. If you miss that February 1 deadline, then you've not only lost your opportunity for reconsideration, you're lost your opportunity to request a review from the PRRB.

Hospitals can submit an appeal to the PRRB up to 180 days following the Hospital OQR Reconsideration notification date. Again, if you've downloaded this slide, the link will be clickable. Otherwise, copy and paste it into your browser.

If you have further questions regarding the reconsideration process, please call the number on this slide or use the link that's provided.

This concludes the portion of the presentation that describes the reconsideration process, and now I'd like to open the call for questions. However, I do want to point out that we likely will not be able to respond to hospital-specific questions, but we can point you toward the proper resources. Thank you.

Question: I am sorry. I didn't unmute myself. I'm looking for the downloadable slide presentation that we're looking at. Is it on the *QualityNet* site?

Reneé Parks: You should have received that through the invite, and it is posted on the qualityreportingcenter.com website. And if you would like, we can email these slides to you.

Question: That would be wonderful. And just, I'm sorry, is this for outpatient reporting? I didn't get the--I'm an infection prevention analyst for the department. I'm listening to this call. It was forwarded to me from our director, but I'm trying--I need to find a letter, I guess. I think I might have to call that 866 number. Thank you.

Reneé Parks: You're welcome.

Question: Okay, my question is, if the original medical records that were sent for validation did not include the progress notes, whenever we try to do the reconsideration process can we include those this time?

Mihir Patel: Hi, this is Mihir from CMS. We can only accept what was submitted during the original submission.

Question: Okay. Thanks.

Operator: And we have no further questions at this time.

Jim Poyer: Hi, thanks. This is Jim Poyer. I want to thank you for attending today's call and refer you to the slide deck, if you have any questions. Elizabeth, you just want to remind folks in terms of the deadline and where they have to report?

Elizabeth Bainger: The deadline is February 1, 2017. That's when it needs to be received by CMS, by that date. And if you go to the *QualityNet* website and follow the links, you'll be able to access the Reconsideration Form there, as both Part 1 and Part 2 are available on that site. So remember, Part 1 goes with every request. Part 2 is needed if your request relates to a validation concern.

Jim Poyer: Great, thank you so much. And, given there are no further questions, I want to thank you for participating in this call. And hopefully, it has helped your efforts, and we look forward to hearing--please, if you--please strongly consider submitting a Reconsideration Request if your payment's potentially impacted. This is your chance to be heard from CMS' perspective.

And I don't know, Elizabeth or the HSAG team, whether you have anything else to add before we sign off?

Elizabeth Bainger: No, we just thank everyone for attending and really appreciate this opportunity to share the information.

Jim Poyer: Great. Thanks so much, everyone. Bye-bye.

Elizabeth Bainger: Bye-bye.