



Hospital Outpatient Quality Reporting (OQR) Program Reconsideration Process: Calendar Year 2018

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Purpose

To provide information regarding:

- The Centers for Medicare & Medicaid Services' (CMS') Hospital OQR Program Reconsideration Process for the Calendar Year (CY) 2018 Payment Determination.

Objectives

At the end of the presentation, participants will be able to:

- Identify the Hospital OQR Program requirements and the Reconsideration Process.
- Submit a Reconsideration request with CMS.
- Locate the process for filing an appeal.

OPPS-Eligible Hospitals

There are currently 3,226 Outpatient Prospective Payment System (OPPS) hospitals required to participate in the CY 2018 Hospital OQR Program to receive their full Annual Payment Update (APU).

Measures for the CY 2018 Hospital OQR Payment Determination

Measures	Reference Period
Chart-abstracted	Quarter 2 (April 1–June 30) 2016 Quarter 3 (July 1–September 30) 2016 Quarter 4 (October 1–December 31) 2016 Quarter 1 (January 1–March 31) 2017
Outcome measure	January 1–December 31, 2016
Web-based submitted via QualityNet	January 1–December 31, 2016
Web-based submitted via National Healthcare Safety Network (NHSN)	October 1, 2016–March 31, 2017

Program Requirements

- Register and maintain a Security Administrator for the QualityNet Secure Portal.
- Complete and submit a Notice of Participation (NOP) through the Secure Portal.
- Submit Clinical Data for Q2, Q3, Q4 2016, and Q1 2017.
- Submit all web-based measures by May 15, 2017.
- Obtain at least a 75% validation score, if selected.

Notification

On November 3, 2017, hospitals not meeting one or more Hospital OQR Program requirements were mailed a notification letter stating that their hospital would receive a 2% reduction in APU for CY 2018.

Reconsideration Process: QualityNet Location

The Reconsideration Overview process for the Hospital OQR Program is available on the Reconsideration Overview page on QualityNet at <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228694343441>.

QualityNet: Hospital OQR Location



- From the QualityNet home page, select the **Hospitals – Outpatient** drop-down menu.
- In the drop-down menu, select the **Hospital Outpatient Quality Reporting Program** link. This will direct you to the Hospital OQR Program Overview page.

QualityNet: Reconsideration Process Location

Hospitals - Inpatient	Hospitals - Outpatient
Hospital Outpatient Quality Reporting Program	
How to Participate	
Outpatient Quality Reporting Measures	
Deadlines	
APU Determinations	
APU Reconsideration	
Support Contact	
Extraordinary Circumstances Form	

Access the Hospital OQR Program APU Reconsideration information on QualityNet by selecting the **APU Reconsideration** link from the left-side navigation pane. This will direct you to the Reconsideration Overview page.

Submitting Your Reconsideration Request (1 of 2)

- The form is due by **March 19, 2018**.
- Fill out the form **completely** and **accurately**.
 - All fields with an asterisk (*) are mandatory.
- Provide the CMS-identified reason why your facility did not meet the APU requirement (from the CMS notification letter).
- If request includes validation results, send a copy of the request, Part 2, to the Validation Contractor.

Submitting Your Reconsideration Request (2 of 2)

- Include the specific reason(s) for believing that your facility did meet the program requirement(s) and should receive the full APU.
- Submit the signed Reconsideration Request Form via the QualityNet Secure Portal to the Secure File Transfer “APU” group.
- Alternatively, the form may be submitted via secure fax to 877.789.4443 or by email to QRSupport@hcqis.org.

CMS Response

- Following receipt of a request for Reconsideration, CMS will:
 - Send an email acknowledgement to the designated contact.
 - Provide a formal response notifying the hospital of the outcome of the Reconsideration process.
- CMS expects the process to be completed within 90 days following the deadline for submitting Reconsideration requests.

Filing a PRRB Appeal

If a hospital is dissatisfied with the result of CMS' Reconsideration decision, the hospital may file a Provider Reimbursement Review Board (PRRB) appeal.

- A PRRB appeal can only be submitted after the hospital has submitted a Reconsideration Request Form and received a decision on the request.
- Hospitals can submit PRRB appeals up to 180 days following the Hospital OQR Reconsideration notification date.
- Details about the PRRB process can be found on the CMS website at https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/index.html?redirect=/PRRBReview/02_PRRB_Instructions.asp.

Questions

Please submit all questions regarding the Reconsideration process and the Hospital OQR Program by phone at 866.800.8756 or via email at: <https://cms-ocsq.custhelp.com/>.



Access our website at www.qualityreportingcenter.com.