



Overview of the Hospital Outpatient Quality Reporting Program (OQR) Data Validation Efforts

For Selected Hospitals

Agenda

Topics	Speaker
<ul style="list-style-type: none">• Hospital Selection• Case Selection• Medical Record Requests and Submissions• Validation Results and Scores• Validation Reports and Reconsideration	Alex Feilmeier, MHA , Program Manager Value, Incentives, and Quality Reporting (VIQR), Validation Support Contractor (VSC)
<ul style="list-style-type: none">• Common Abstraction Dilemmas	Karen VanBourgondien, RN, BSN , Outpatient Quality Program Systems and Stakeholder Support Team
<ul style="list-style-type: none">• Question and Answer Session	Alex Feilmeier and Karen VanBourgondien

Objectives



By the end of the presentation, attendees will:

- State the outpatient data validation process for the Hospital OQR Program.
- Identify data validation deadlines and required activities.
- Submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC).
- Receive and interpret validation results.
- Identify and mitigate common abstraction dilemmas.

Background



Through the validation process, CMS:

- Performs a random and targeted selection of hospitals on an annual basis.
- Assesses the accuracy of the Chart-Abstracted Clinical Process of Care (CPOC) measure data within the Hospital OQR Program.
- Verifies, on a quarterly basis, that selected hospital-abstracted data submitted can be reproduced by a trained abstractor using a standardized protocol.



Hospital Selection

Hospital Selection



- Annually, around August/September, CMS selects up to 500 hospitals paid under the Outpatient Prospective Payment Systems (OPPS), and includes the selection of up to:
 - 450 random hospitals
 - 50 targeted hospitals
- It is possible for a hospital to be selected in consecutive years.

Target Criteria



Targeting criteria apply to hospitals that:

- Failed to meet validation requirements in a previous year.
- Failed validation but had an Extraordinary Circumstances Exception (ECE) for one or more quarters in the previous year.
- Have not had its OQR data validated in the previous three years.
- Had a lower bound confidence interval (CI) less than or equal to 75 percent in previous year.
- Had an “outlier value” for a measure based on the data submitted.

A summary of targeting criteria can be found in the Hospital OPPS/Ambulatory Surgery Center (ASC) Final Rules as outlined in the final rules: 76 FR 74485; 77 FR 68485-68486; 82 FR 59441; 86 FR 63872; 87 FR 72115 7

Notification of Selection



- Random and targeted hospital selections will be notified by:
 - An email communication from the Validation Support Contractor (VSC) directly to the hospitals selected.
 - A ListServe notification of the hospitals selected will be released.
- The selected hospitals can be found on the Outpatient Data Validation Resources page on the [QualityNet website](#).

Hospital Email Notification



- A notification is sent to hospital **Contact Types**, such as:
 - Chief Executive Officer (CEO)/Administrator
 - Hospital OQR
 - Medical Records – CDAC
 - Quality Improvement
- The VSC monitors email communications.
 - Undeliverable emails are researched, and hospital contacts are asked to update their information in the CMS system to ensure future notifications are received.
- It is recommended hospitals ask their IT department to add validation@telligen.com to their ‘Safe Senders List.’

Contact Information



To ensure receipt of validation-related communications, hospitals:

- Should update their contact information regularly.
 - Hospitals may check and update contacts by sending an email with their six-digit CMS Certification Number (CCN) to the Outreach and Support Team at QRFormsSubmission@hsag.com.

Case Selection, Medical Record Requests, and Submission

Case Selection



- Cases are randomly selected from data submitted by the hospital to the CMS Clinical Data Warehouse.
- CMS will release a Case Selection Report to supplement the medical records request, listing the cases selected for validation and the receipt status.
- Details on measures to be validated and how many cases are available to be validated are available by accessing the:
 - Fact Sheet specific to each calendar year (CY) on the Outpatient Data Validation Resources page on the [QualityNet website](#).

Medical Record Requests



- Selected hospitals will receive **four** total medical record requests containing selected cases.
 - Usually within a few weeks after each quarterly data submission deadline.

Estimated Arrival of Medical Record Request Packets for Selected Hospitals	
Quarter	Estimated Arrival
Q1	August
Q2	November
Q3	February
Q4	May

Medical Record Request Packet

- The CDAC sends written medical record request via FedEx to “Medical Records Director” for submission of each case and candidate case selected for validation.
 - Packet should be routed as soon as possible to the correct individual(s) responsible for fulfilling the request timely.



Note: The medical records request will be delivered to the address listed under the CDAC MEDICAL RECORDS contact type in the official CMS database. Hospitals may check and make updates to the address by sending an email with their six-digit CCN to the Support Contractor at QRFormsSubmission@hsag.com.

Submission Deadline



- Medical records **must be received within 30 calendar days** of request date.
- CMS requires the use of **electronic file submissions** via the CMS Managed File Transfer (MFT) application.
 - Submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive **are not allowed**.
 - Additional information regarding medical records requested by the CDAC can be found on the Data Validation CDAC Information page on the [QualityNet website](#).

Medical Record Submission



- Hospitals cannot submit medical records or additional documentation after the CDAC receives the record (even if the wrong record is sent or if pages are missing, or illegible, etc.).
- Hospitals should submit medical records to the CDAC in the order requested.
- Hospitals should have a process for reviewing each of their medical records before submitting to the CDAC.
 - Consider having an abstractor review your medical records prior to submission.
 - Especially important if exporting records from an Electronic Health Record (EHR) to ensure all necessary information is included.

Submission “Do’s and Don’ts”

A helpful document is available and provides tips for avoiding medical record submission errors.

Centers for Medicare & Medicaid Services (CMS)

Outpatient Data Validation Medical Record Submission “Do’s and Don’ts”

Medical Record Submission:

Do	Do Not
Read and follow the submission instructions included in each of the CDAC medical record request packets	Assume that you know the current medical record submission requirements
Submit the medical record that most closely matches the information provided on the cover sheet	Alter any of the information on the cover sheet
Send a separate copy of the medical record for each selected case even if the same episode of care is requested for multiple measures	Send one copy of the medical record if the same episode of care is requested for multiple measures
Attach only the corresponding CDAC cover sheet to each requested medical record	Attach multiple CDAC cover sheets to a medical record
Review the medical record to ensure that all necessary documentation is included	Highlight or otherwise mark any information in the medical record
Submit the medical record in portable document format (PDF) file format only via the CMS Managed File Transfer (MFT) application.	Submit paper copies or files on CD/DVD/removeable media. The CDAC will not accept or process files that are not in PDF format sent via the CMS MFT application.
Create a separate PDF file for each patient	Combine multiple patients in one PDF file
Use the CDAC document ID number printed on the top of the cover sheet as the filename	Use the patient’s name or other hospital identifier as the filename
Attach unprotected and unencrypted PDF files into the CMS MFT message – sending via CMS MFT automatically encrypts the delivery	Attach password protected or encrypted individual PDF files

If using a third-party service to submit the records on your behalf:

Do	Do Not
Forward the entire contents of the medical record request packet, including the submission instructions, to the party responsible for submitting the medical records to the CDAC	Forward only the case listing and/or cover sheets to the party responsible for submitting the medical records to the CDAC

Please check each medical record for completeness before submission. The CDAC can only accept the initial medical record submitted. No additional documentation or replacement medical records can be accepted.

If you have any questions, please contact the CDAC Help Desk at (717) 718-1230, ext. 201 or by email at CDAC_Provider_Helpdesk@tistatech.com.

Validation Results and Scores

Validation Abstraction



- Medical records must contain sufficient information for the CDAC to determine measure eligibility and/or outcome.
- The CDAC will only abstract every case with the **original** applicable documentation received from the hospital.
- Validation is at the measure level and is not scored at the individual question/data element level.
- The CDAC abstracts and adjudicates the selected cases.
 - Uses the complete medical record submitted for all measure types.
 - Bases abstraction on the specifications for each respective program/measure.

Validation Mismatch



- A mismatch may be considered when the Clinical Data Abstraction Center (CDAC) does not reach the same outcome as the hospital's original submission.
 - The CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted.

Validation Results



- Results for the quarter occur approximately 3-4 months after each record submission deadline.
 - Shows the outcomes of abstraction determined by the CDAC on each selected case.
 - Available in the Hospital Quality Reporting (HQR) system.
 - Users with the **Validation** permission will receive an email notification when results become available.
 - It is strongly recommended that multiple active users have **Validation** permissions to ensure result notifications are received and reviewed timely.

Educational Review



- Hospitals may submit an educational review request **within 30 calendar days** of results posted in the HQR system.
 - Educational review includes the review of the entire case by the validation support contractor with brief explanation of any mismatches.
 - Information can be found on the Data Validation page on the [QualityNet website](#).

Corrected Scores



Educational Review Corrected Scores

- For the first three quarters, if the educational review yields incorrect CMS validation results, the corrected quarterly score will be used to compute the final confidence interval.
- For the last quarter, the existing reconsideration process will be used to dispute an unsatisfactory validation result due to:
 - The need to calculate the confidence interval in a timely manner.
 - An insufficient time available to conduct educational reviews.
 - Hospitals can still request an educational review within 30 days of receiving their Case Detail results.
 - The Case Detail Reports **will not be changed** to reflect updated results.

Validation Scores



- When validation for all quarters is completed, and educational review results have been taken into consideration for the first three quarters, CMS calculates a reliability score.
- The hospital will:
 - **Pass validation** if the upper bound of this confidence interval is **75 percent or higher**.
 - **Fail validation** if the upper bound confidence interval is **below 75 percent**.
- Hospitals that fail validation may also automatically be selected for validation the next year.
- A detailed confidence interval is available on the Outpatient Validation Resources page on the [QualityNet website](#).

Validation Reports and Reconsideration

Validation Reports



Validation reports available in the HQR system:

- Case Selection Report
- Case Detail Report
- Confidence Interval Report

CMS continues to modernize the HQR system, data validation reports, and the way hospital data display may change in the future.

Case Selection Report



- Displays the patient-identifying information pertaining to the cases selected for validation.
 - Are the same cases as outlined within the medical records request packet sent by the CDAC.
- Displays the:
 - **Medical Record Request Date**
 - **Due to CDAC Date**
 - **Record Received Date** (after the CDAC has received records) and may take up to 24 hours to populate.

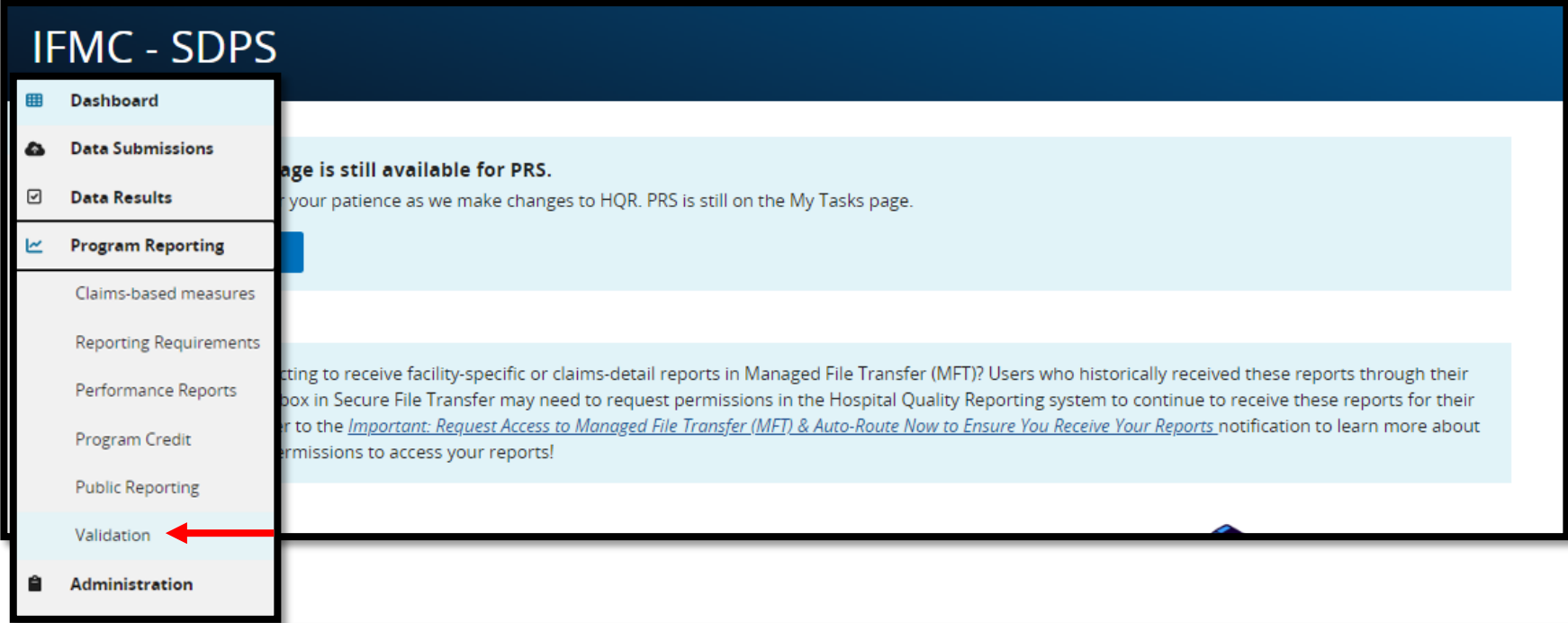
To verify receipt of records, contact the CDAC directly at 717-718-1230, ext. 201, or email CDAC_Provider_Helpdesk@tistatech.com.

Accessing the Validation Reports

<https://hqr.cms.gov/hqrng/login>

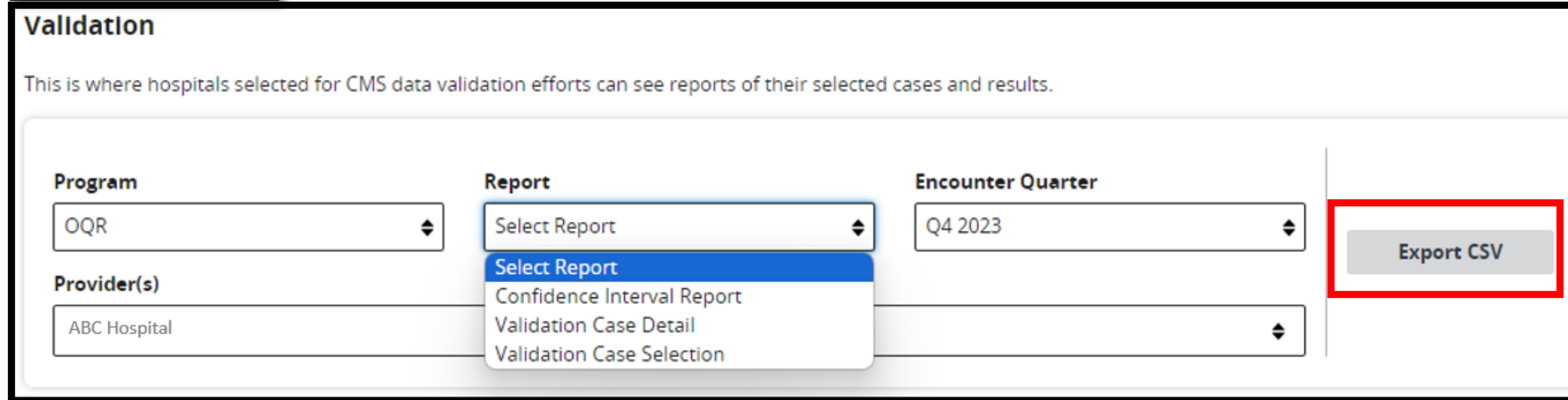
From the HQR dashboard:

- 1. Select Program Reporting
- 2. Select Validation



From the Validation page, select the:

- 1. Program
- 2. Report (choose from the options provided)
- 3. Encounter Quarter
- 4. Provider
- 5. Export CSV button



Reconsideration



Hospitals that fail validation will not meet program requirements and may request reconsideration.

The hospital should submit:

- The Request for Reconsideration Form
- A completed Validation Review for Reconsideration Form
- A copy of the entire medical record for the appealed elements
- Must be received by the Validation Support Contractor by the deadline.
 - Upon receipt, an email acknowledgement will be sent.
- CMS will provide the formal decision for the request.



Reconsideration Resources

Additional information on validation reconsiderations can be found on the Annual Payment Update (APU) Validation Reconsiderations page on the [QualityNet website](#).

For information specific to the APU determination and/or reconsideration process, contact the Hospital OQR Support Team: oqrsupport@hsag.com.

Common Abstraction Dilemmas

Outliers



Facilities with a data outlier will be sent an email communication.

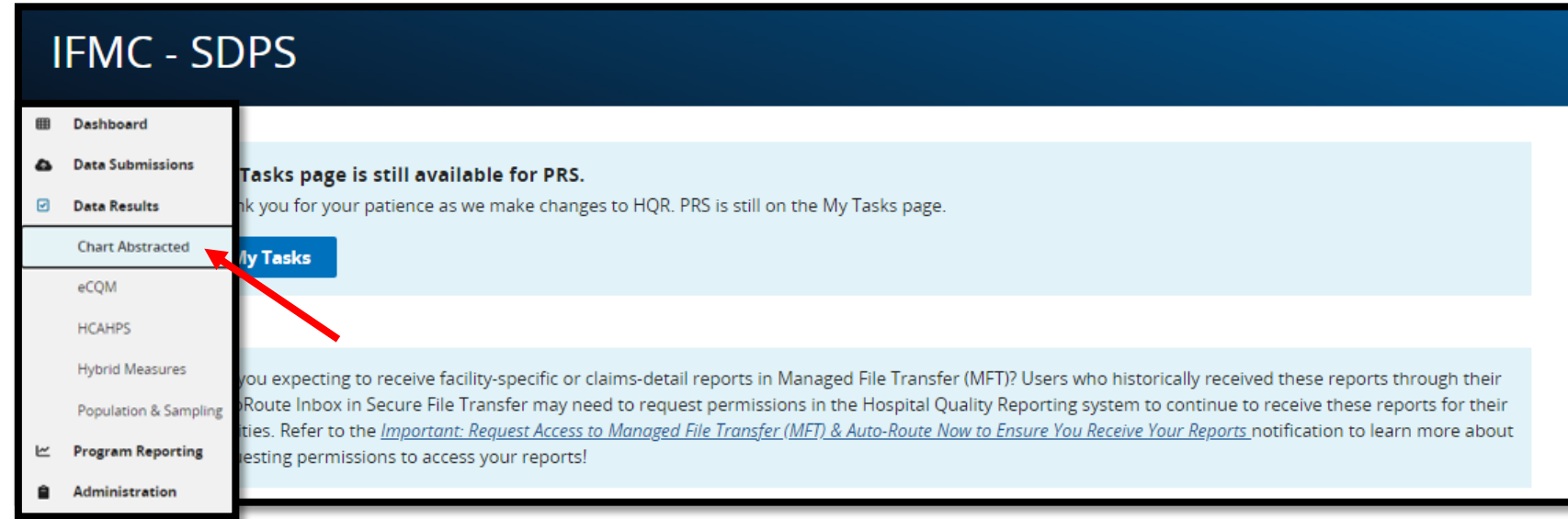
- Run a Submission Detail Report in the HQR system for the quarter to find the patient identifier.
- Correct the error (if the outlier *is* an error).
- Resubmit the case in the HQR system before the submission deadline.

Accessing the Report

<https://hqr.cms.gov/hqrng/login>

From the HQR dashboard:

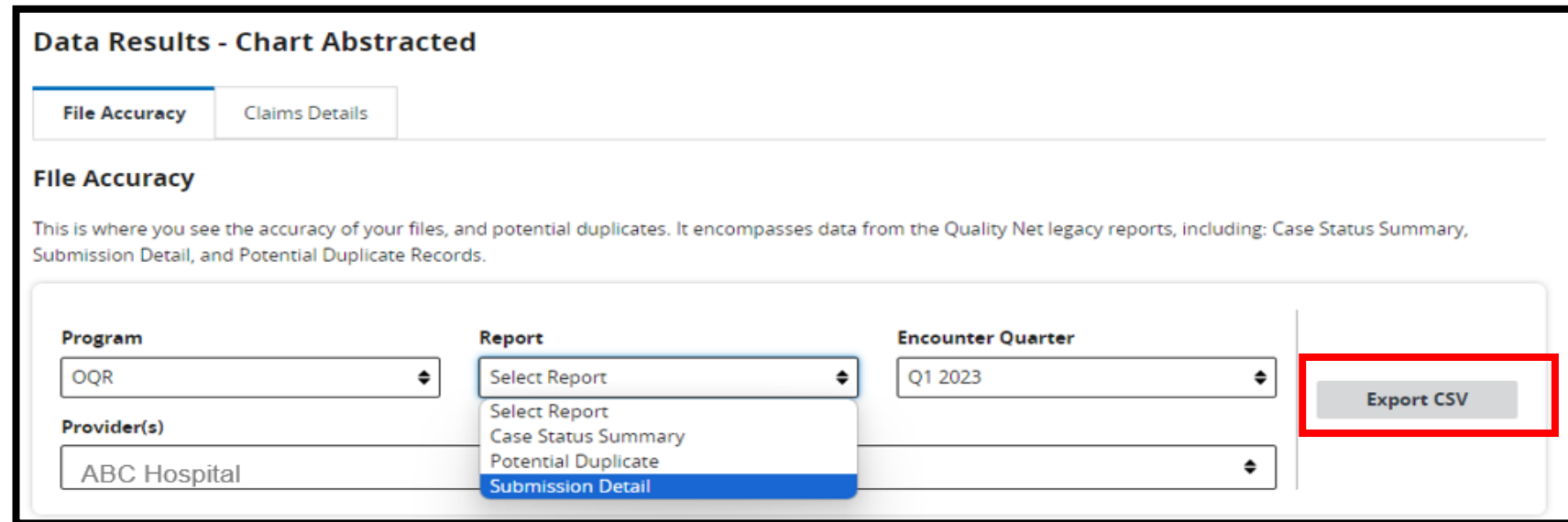
1. Select Data Results
2. Chart Abstracted



The screenshot shows the IFMC - SDPS dashboard. On the left is a navigation menu with the following items: Dashboard, Data Submissions, Data Results, Chart Abstracted, eCQM, HCAHPS, Hybrid Measures, Population & Sampling, Program Reporting, and Administration. A red arrow points to the 'Chart Abstracted' item. The main content area contains a light blue banner with the text: 'My Tasks page is still available for PRS. Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.' Below this is another light blue banner with text about Managed File Transfer (MFT) and permissions.

From the Data Results page, select the:

1. Program
2. Submission Detail Report
3. Encounter Quarter
4. Provider
5. Export CSV button

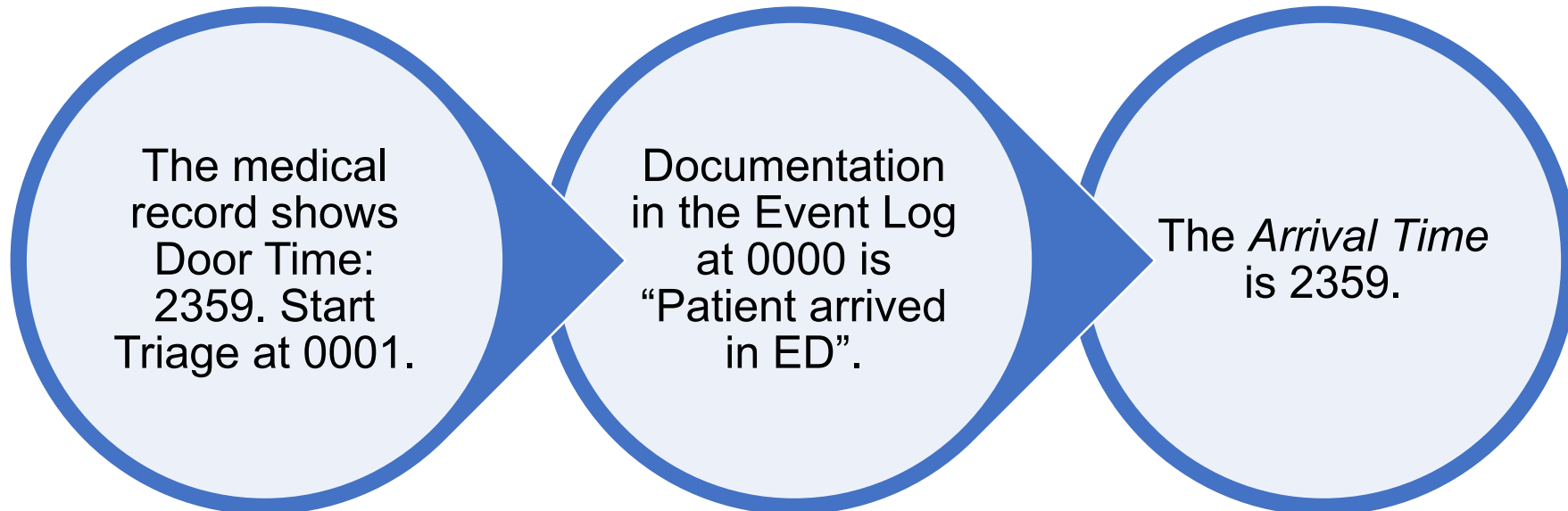


The screenshot shows the 'Data Results - Chart Abstracted' page. At the top, there are two tabs: 'File Accuracy' (selected) and 'Claims Details'. Below the tabs is the 'File Accuracy' section, which includes a descriptive paragraph: 'This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.' Below this is a form with three dropdown menus: 'Program' (set to 'OQR'), 'Report' (with a dropdown menu open showing options: 'Select Report', 'Case Status Summary', 'Potential Duplicate', and 'Submission Detail'), and 'Encounter Quarter' (set to 'Q1 2023'). Below the 'Provider(s)' field, 'ABC Hospital' is entered. On the right side of the form, there is a button labeled 'Export CSV' which is highlighted with a red border.

Arrival Time



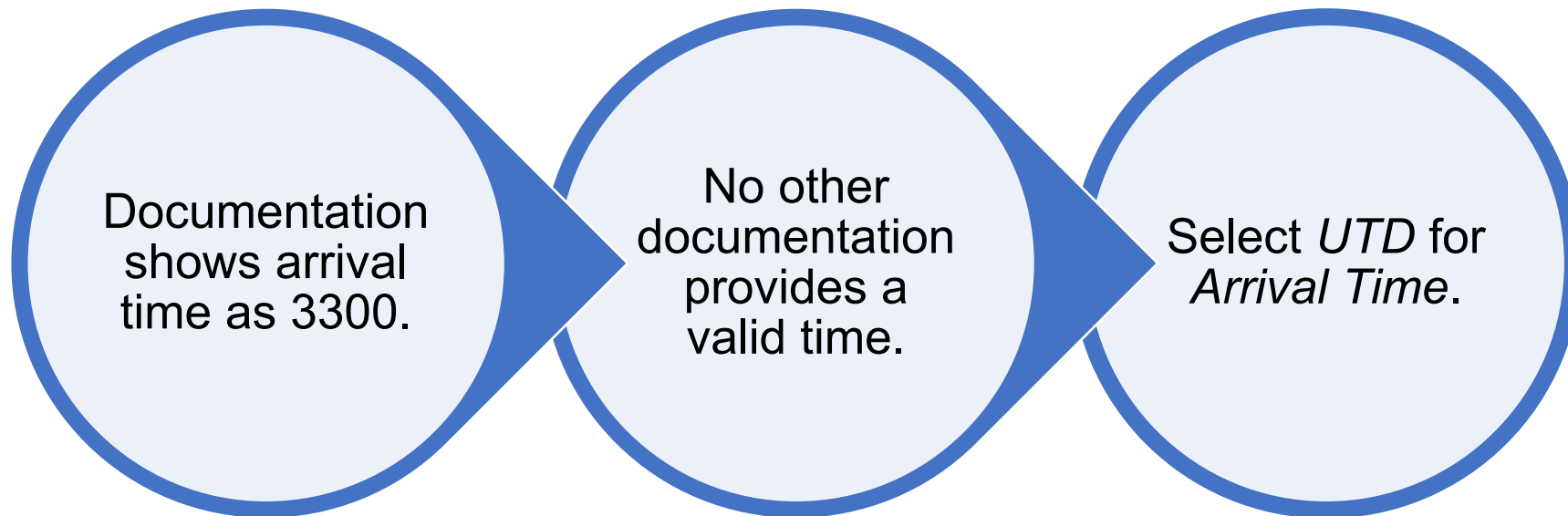
If multiple times of arrival are documented, use the earliest documented time (military time) the patient arrived at the outpatient or emergency department.



Obvious Error



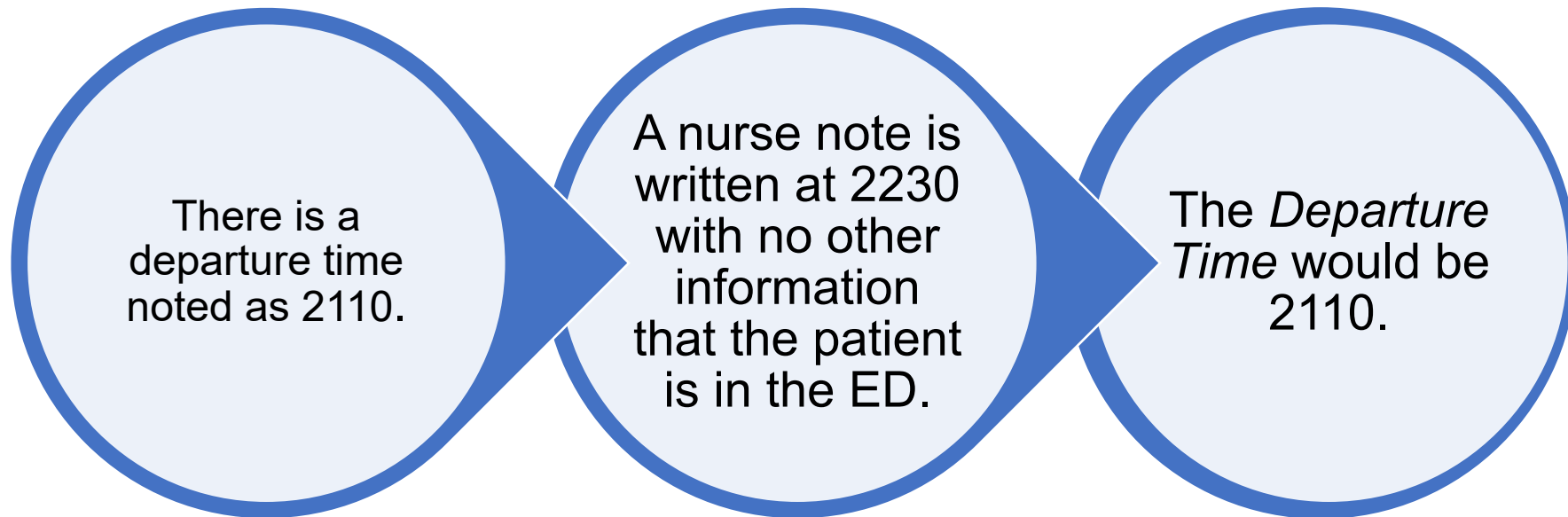
When the time documented is obviously in error (not a valid time) and no other documentation is found that provides this information, the abstractor should select UTD.



ED Departure Time



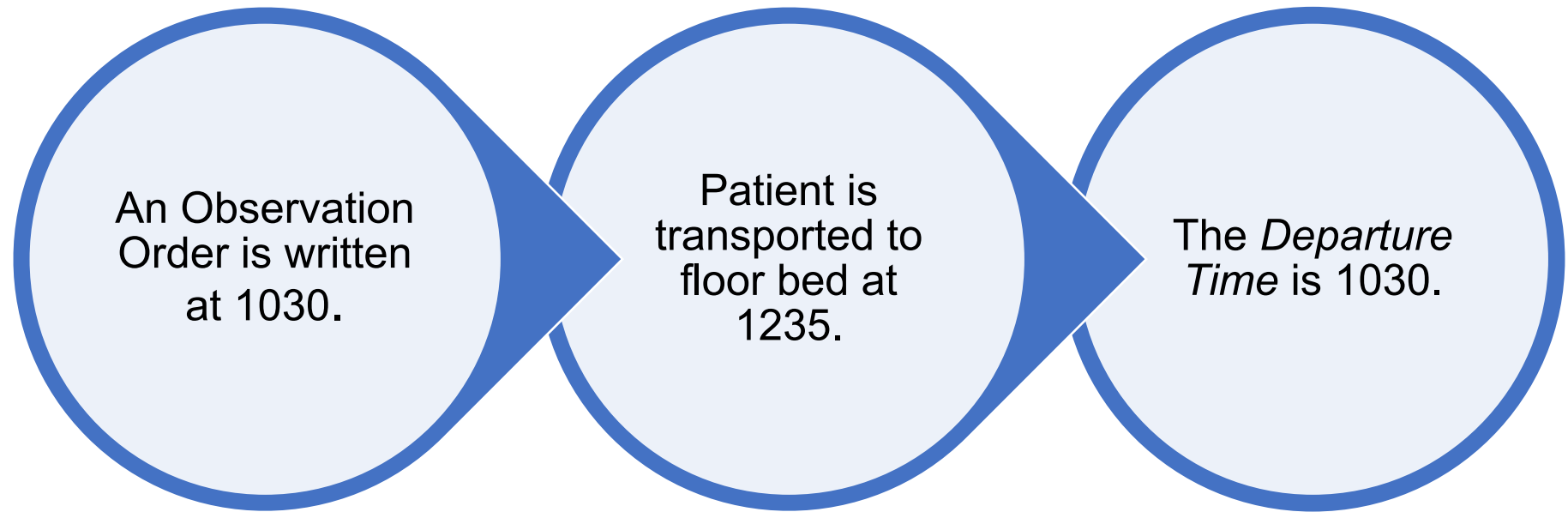
Do **not** use any time that cannot be substantiated in the medical record as *direct patient care* being provided.



Observation Status



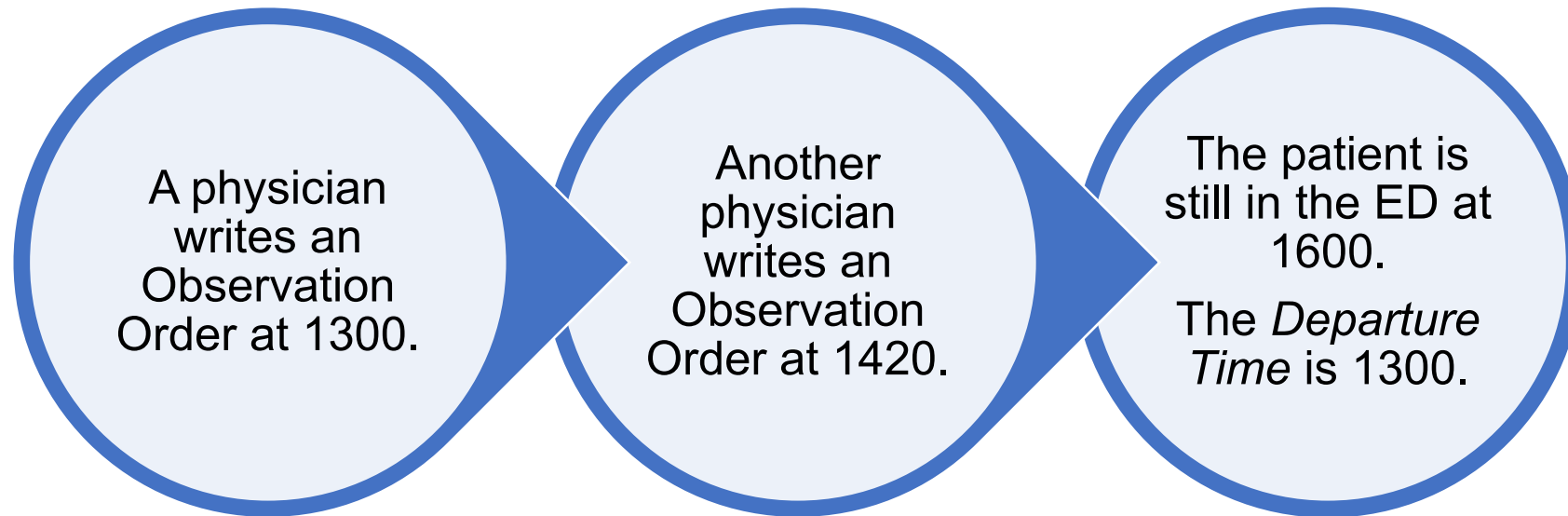
Observation Orders are the only type of order that can be abstracted for *ED Departure Time*, and only if ordered while the patient is still physically in the ED.



Multiple Observation Orders



If more than one Observation Order is found in the medical record, abstract the **first** order that meets criteria.



Note: The first order meets criteria. The patient is no longer under the care of the ED.

Addressing Your Questions

Validation-Specific Questions



When submitting a question, include the hospital six-digit CCN to expedite a reply that includes information specific to your hospital.

- Validation Support Contractor (VSC) email: validation@telligen.com
- CMS Question and Answer Tool on the [QualityNet website](#).

Additional Resources



Hospital OQR Program Support Team

Phone: 866.800.8756

Center for Clinical Standards and Quality (CCSQ) Services

Phone: 866.288.8912

Email: qnetsupport@cms.hhs.gov

Secure Access Management Services (SAMS) Help Desk

Phone: 877.681.2901

National Healthcare Safety Network (NHSN)

Email: nhsn@cdc.gov

Acronyms



APU	Annual Payment Update	FR	<i>Federal Register</i>
CCN	CMS Certification Number	HQR	Hospital Quality Reporting
CD	Compact Disc	IT	Information Technology
CDAC	CMS Clinical Data Abstraction Center	MRI	magnetic resonance imaging
CEO	Chief Executive Officer	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	OPPS	outpatient prospective payment system
CT	Computed Tomography	OQR	outpatient quality reporting
CY	calendar year	PPS	prospective payment system
DVD	Compact Video Disc	Q	quarter
ECE	Extraordinary Circumstances Exceptions	SAMS	Secure Access Management Services
eCQM	electronic clinical quality measure	SO	Security Official
ED	emergency department	VSC	Validation Support Contractor
EHR	Electronic Health Record		

Continuing Education Approval



This program is approved for one credit for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

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