



Quality Reporting Program

Support Contractor

Checking All the Boxes: Ensuring a Successful Submission Live Q & A

Presentation Transcript

Moderator/Speaker:

Dianne Glymph, MLIS
Project Coordinator

OQR Program Support Contractor
Team

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**Dianne
Glymph:**

Hello, and welcome to this Hospital OQR webinar. Thank you for joining us today. My name is Dianne Glymph. I'm a Project Coordinator for this program. Today, we're going to discuss the must-do's for meeting the submission deadlines next month. We'll provide an overview of what you need to complete. Then we'll go straight to the live Q&A session so that you have ample time to get your questions answered. As far as the questions go, we ask that you keep your questions to program-specific questions. As the measure writers are not with us today, we will be unable to respond to measure-specific questions. By the way, if you haven't yet downloaded the slides for today's session, you can get them from our website at qualityreportingcenter.com. Just click on the events calendar, and the link to today's event will take you to where you can download the slides. In addition, these slides are attached to the invitation you received for this presentation.

The learning objectives for this program are listed here on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at qualityreportingcenter.com at a later date. Let's get started.

We want to make sure you are on track for successful submission of your data. So, let's do a quick review.

Your must-do checklist entails identifying and maintaining a QualityNet Security Administrator, or SA. This account must be maintained in accordance with the QualityNet's system security policy found on qualitynet.org. If your password expires, you may be required to go through the credentialing process through QualityNet again. So, please keep your account active. Although it is not required

Hospital Outpatient Quality Reporting Program

Support Contractor

to have more than one SA, we highly recommend designating more than one SA for backup purposes. You will have to consider that if your facility has only one SA and that person is unavailable at the time of a submission deadline, your facility runs the risk of not being able to submit data in time. For the next deadline you will collect clinical data which is reported quarterly. The next submission is due by May 1. You will also collect and report data for the measures to be submitted via a web-based tool. Those measures are due to be reported no later than May 15.

First, let's discuss the clinical data which is your quarterly submission.

The chart-abstracted cardiac measure set includes OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival, OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention, and OP-5: Median Time to ECG. Please remember that OP-5 was removed from this program in the last rulemaking cycle. This was posted in the Final Rule that was released in November 2018. The last time you will report for this measure will be August 1. We're going to talk about it though because you're still going to submit data for this measure two more times for the Calendar Year 2020 Payment Determination, or, Payment Year 2020.

The ED Throughput chart-abstracted measure is OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients. OP-22 is actually a Throughput measure as well, but we'll discuss this with the web-based measures. The Stroke measure is OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival. If you don't have a vendor and you submit using CART, you can find that free application on the qualitynet.org website. We'll show you where to find it.

From the home page of QualityNet, simply hover your cursor over the Hospitals – Outpatient tab. You'll see this dropdown menu, and you'll select Data Collection (& CART) next to the arrow. That next page will provide links to resources and the ability to download the most current version. Also, let me mention that it is very important to download any updates for the version you have. We've heard from facilities that have tried to skip a version update to get the latest, and this is not possible to do. Let's review the submission dates for these quarterly data.

Here's the summary of submission dates and the quarters associated with those dates. For this upcoming May 1 deadline, you will be submitting Quarter 4 2018 data. This quarter is for the reporting period or encounter dates of October 1 through December 31, 2018. Now, remember I told you a moment ago that OP-5 has been removed from the program? The last time you will report data for that measure will be for the submission deadline this coming August 1. That will be for the Quarter 1 2019 data with a reporting period of January 1 through March

Hospital Outpatient Quality Reporting Program

Support Contractor

31, 2019. You can see this here on the last row of the table that's on the slide. A question we get asked quite a bit is why are we submitting 2019 encounters for this payment determination? The answer is because that quarter is connected to the same payment determination as the other quarters. In summary, the quarters seen here are all associated with the Calendar Year 2020 Payment Determination Year. If you're submitting via CART, always look for your confirmation emails. You should receive two emails, one saying that QualityNet has received your submission and the second email confirming that your files were either accepted or rejected.

After you've submitted your data, you can also check that it was successfully accepted into the warehouse by running reports through the QualityNet secure portal. We've named three here on this slide that you can use for that purpose. We won't have time to discuss these reports today; however, we've done comprehensive webinars on QualityNet reports, and you can access those webinars on our website at qualityreportingcenter.com from the Archived Events tab of the OQR Program. Please take advantage of this data check. You do not want to think everything is complete when some files may not have crossed over. So, run a report to verify your hard work. Please be advised that it does take approximately 24 hours for this information to update. So, plan to run these reports after that time. It's a great way to check that your quarterly submission has been successfully submitted.

Let's switch over and discuss the web-based measures that are due to be reported by May 15. Some of these measures were removed with the most current Final Rule. So, for a few measures, this coming submission period will be the last time you report data for them.

OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data; OP-17: Tracking Clinical Results between Visits; OP-22: Left Without Being Seen. OP-12 and OP-17 have been finalized for removal, so, this May 15 will be the very last time you submit data for these measures. If you're wondering why we don't have OP-27: Influenza Vaccination Coverage among Healthcare Personnel listed here, that's because that measure was also removed from the program, and you aren't required to report data for this measure moving forward. So, the last submission for that measure was last year, May 15, 2018. These data are still being collected for other programs, so, make sure you are aware of the requirements outside of this program.

Continuing on with the web-based measures, we have OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients, OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use, OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery, and OP-33: External

Hospital Outpatient Quality Reporting Program

Support Contractor

Beam Radiotherapy for Bone Metastases. OP-30 has also been removed from the program. So, the last time you will report data for this measure will be next month, no later than May 15. Also, OP-31 remains a voluntary measure. That means, at this point in time you can either report data or not. That is for this measure only. Either decision will not impact your meeting program requirements. However, any data reported will be publicly displayed.

Let's recap the submissions for the web-based measures. The measures displayed here are all web-based measures that are reported annually. The reporting period, or encounter dates, run from January 1 through December 31, 2018. The submission dates are from January 1 through May 15. What this means is you can submit your data any time between that January 1 and May 15 timeframe. CMS provides this extended period of submission, so, please don't wait until the last minute. I cannot tell you how many times people have waited until the last minute, and then they run into log in problems or some other issues, and then they're unable to submit their data. Please don't fail the program requirements because you waited. All the data must be entered by 11:59 Pacific Time on May 15. I have bolded the measures that have been removed in the Final Rule that will be submitted for the last time next month.

We always get questions about submitting these measures. When you only submit these data once a year, sometimes you forget exactly how to submit them. So, let's look at that really quickly. From the home page of QualityNet, you will choose the "Login" button. There are two, but either selection will bring you to the same page. Once you select "Login" you'll be directed to the Choose Your QualityNet Destination page. You will choose "Outpatient Hospital Quality Reporting Program" from the dropdown menu. You will then be directed to the page to log in using your secure credentials where I'm not showing you here. But once you agree to the terms, you will then be directed to this page. From the dropdown arrow, you will be given the options you see here. Click on "Quality Programs" and choose the first option.

You will then be given this view, and you will choose the link you see under "Manage Measures."

You will select the program you're reporting for. In this case, "Outpatient."

You will then select the correct Payment Year. The most current reporting period will always be the top selection, and for this submission period it is for the Payment Year 2020. You will click on the "2020" option and then click "Continue."

You will then be directed to this page. Please notice that the submission period is noted here, as well as, the reporting period it corresponds to. This view will tell you what measures you need to submit. To enter your data, you will click on the

Hospital Outpatient Quality Reporting Program

Support Contractor

measure number in blue. All of these measures say incomplete, as you see, since the data haven't been entered yet. Now, please know that when you have finished entering your data, you should see "complete" under each measure. We highly recommend that you take a screen shot of that, print it off, and keep it for your records. For our purposes today, we're going to view the OP-29 measure.

I'm showing you OP-29 specifically for a reason. We get asked the question "what if we don't do colonoscopies, do we just leave it blank?" The answer is "no." You can't leave any of these blank except for OP-31, and that's only because it's voluntary. You must fill data in. If you don't have any procedures in your facility that meet the measure criteria, you will enter zeros. The system doesn't know that you don't have cases. You have to tell it that. If your hospital has no cases for OP-29 or any other web-based measures, enter zeros as you see here. CMS is aware that leaving these fields blank due to no cases has been a concern, and it's working with contractors to modify this in the future. But, for now, you need to enter zeros if you have no cases. Under the "hospital sampling frequency," you can just click N/A if you like. You would then hit the "calculate" button, and then the "submit" button. I mentioned that OP-31 is voluntary, and you can leave that blank only because it is voluntary. However, to avoid confusion and people accidentally leaving something else blank, we recommend just entering zeros.

Just as you have reports to run in QualityNet to check your submission, you can also check up on your web-based measures on our website. The web address is seen here on the slide, qualityreportingcenter.com. The easiest way to check on your measures is to go to the "Outpatient" box and click on the CCN "Look-up Tools" link.

You will first click on the "Data Dashboard" arrow and choose "Lookup Tools." You will then have the view of the lookup tools page that you see here. This tool isn't updated every day though, so you will want to look at the "Note: Data last updated" right under where you enter your hospital's CCN. That will tell you the last time this information was updated. If you entered your data before that date shown, and it is displaying "no" for any of the measures you reported for, please call us. To begin your search, you will enter your hospital's CCN in the box and click "enter."

This will bring up the page displaying your submission. It will say "yes" if you entered the data or "no" if you've not.

There are a number of claims-based measures for this program, but there's no manual abstraction necessary for these measures. These data are abstracted by CMS from paid Medicare claims that meet the measure criteria. Data calculation periods for these measures are different than the reporting periods for chart-abstracted and web-based measures.

Hospital Outpatient Quality Reporting Program

Support Contractor

The measures you see here on this slide are the Imaging Efficiency measures. OP-9, OP-11, and OP-14 were removed from the program with the Final Rule posted back in November. So, that's the reason why they aren't listed here.

Other claims-based measures for this program, which are known as outcome measures, are on this slide - OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy, OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy, and OP-36: Hospital Visits after Hospital Outpatient Surgery. I'm not going into any detail here for our purposes today, as these measures don't need to be manually abstracted or manually reported by your hospital.

So, to review, we are just trying to focus today on what you have to do for next month's submissions. Ask yourself, "do you have at least one active SA, and have you submitted your quarterly clinical data, as well as your web-based measures?" If you do not have an SA, please start that process today. You will not be able to enter your data or run reports without the secure credentials that allow you access to the QualityNet Secure Portal.

Here is everything we talked about in a checklist for you. You can print this and check these off as you move along. We want you to check all the boxes and ensure you have successfully passed the program requirements. If you need help with any of these, please call us.

And here's our contact information. Our number is right there on the screen. We can set up a screen sharing session with you and help troubleshoot whatever obstacle you're encountering, or, if you need to, send your question through the Questions and Answers Tool in QualityNet. We will respond directly to you.

That ends our review. We'd like to open up the phone lines now and take any questions you may have. Let me turn things over to Melissa Barton, the Associate Director for Hospital OQR. Melissa?

Melissa B: Thank you Dianne and thank you for the valuable information that you've shared with us today. We now do have some time to take live questions from you. The question and answer period will continue until the top of the hour or until we've answered all of your questions. So, with that I'll turn it back to Anna, our operator, to get started with that. Thank you.

Anna

(Operator): Thank you. And if you would like to ask a question, please do so by pressing *1 on your telephone keypad. If you are using a speaker phone, please make sure your mute function is turned off to allow your signal to reach our equipment. A voice prompt on your phone line will indicate when your line is open. Please state

Hospital Outpatient Quality Reporting Program

Support Contractor

your first name before posing your question. Again, that is *1 if you would like to ask a question. And we'll move to our first participant. Your line is open.

Caller: Hi, this is Jolynn, and I have a question. So, we're a critical access hospital and just looking at your example for OP-29 so that's not a measure that's required for critical access, should we still be going in and clicking on that N/A submission not required? I don't necessarily want to report zeros because that's not accurate. So, I was just wondering what to do in that case.

Melissa T: Thank you for your question. You are, it's at your discretion if you would like to enter zeros. Entering zeros or not answering that question since you are a critical access hospital still gives the same results. So, it's really at your discretion of your facility whether or not you want to answer OP-29 or if you want to enter zeros.

Jolynn: Ok, thank you.

Melissa T: Thank you.

Anna

(Operator): And, once again, that is *1 if you would like to ask a question, and we'll pause for just a moment. And there are no questions at this time. But again, that is *1 if you would like a signal.

Melissa B: Thank you Anna. While we're waiting for any additional questions for the OP-29 and OP-30 and any other of the web-based measures, the entering of zeros is the most important for the OPSS or those hospitals that are required to participate in the program where you want to enter a value such as a zero if you have no cases. So, that will be a requirement for the Hospital OQR Program.

Anna

(Operator): And we'll now move to our next caller. Your line is open.

Caller: Yes, hi, my name is Bonnie. Will this be recorded so we can go back and watch it because I missed the beginning of it?

Pam: Yes, this is recorded and will be available on qualityreportingcenter.com at a later date.

Caller: Thank you, ma'am.

Anna

(Operator): And once again that is *1 if you would like the signal. We'll now move to our next caller. Your line is open.

Hospital Outpatient Quality Reporting Program

Support Contractor

- Caller:** Yes, for those of us that are new to this, what are required for critical access hospitals as far as these measures and submission of them? Like, what measures are required?
- Melissa B:** For the CMS Quality Reporting Program for the hospitals, the critical access hospitals are not required to report so as far as this program you're not required to submit any data, but we do encourage it. We really do use the data to promote quality so it's important to the program, but you are not penalized in any way for not reporting. But there may be other programs you are participating where it would be required. So, you would need to check with those.
- Caller:** Ok, thank you.
- Anna (Operator):** And as a final reminder, that is *1 if you would like to ask a question. We'll now move to our next caller. Your line is open.
- Caller:** Yes, I was wondering, if you find an error on one of the claims report's measures, how do you go about getting that corrected?
- Keshia:** Hi there, that's a really good question. There should be, are you looking at like at a specific report that was sent to you like OP-35 or 36?
- Caller:** Yes, it was the chemotherapy.
- Keshia:** Ok, there should be an email that you can respond to. Is there an email listed on that HSR?
- Caller:** I did not see one. I can go back and look.
- Keshia:** There's on the ListServe that was sent out there should be an email address attached to that. You can respond directly to that email, but just be sure that you don't include any PHI, so include, you know, there should be like a medical record number or something that's on that HSR. So, just include that in the case that you're looking for.
- Caller:** Ok, thank you.
- Melissa B:** And if, if you cannot locate the email address, you can always submit your question or concern to the Q&A Tool, and the link for that is on the qualitynet.org website.
- Caller:** All right, thank you so much.

Hospital Outpatient Quality Reporting Program

Support Contractor

Anna

(Operator): And it appears there are no further telephone questions. And ladies did you have any additional or closing remarks?

Melissa B: We have one more question that we can bring from our chat box. Go ahead, Pam.

Pam: Okay, I pulled this one, and it says how do I determine what my OP-33 sample size is?

Melissa B: Okay, that's a very good question there Pam. Thanks for bringing that forward. So, once the population has been determined, the sample size requirements can be found in the Population and Sampling section for OP-33 in the Specifications Manual. So, in summary, the sample size will be between 0 and a maximum of 100 cases per, for the year and hospitals can either choose to sample monthly, quarterly, or yearly, but the total number of cases submitted should follow the sample table guidelines in the manual.

Pam: Thanks, Melissa.

Melissa B: If there are no further questions, we can conclude our program for today. We'd like to thank Dianne, our presenter, and all of the participants for the valuable information and the questions you've provided, and we hope you've learned some useful tips and practices for participating in the Hospital Outpatient Quality Reporting Program. As a reminder, if you have questions later, you can always contact us by phone or through the Question and Answer Tool. But we thank you for taking the time to listen to us today and enjoy the rest of your day. Thank you.