



## 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

The OQR Support Contractor  
Team

**April 17, 2019**

**2:00PM**

**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](http://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](http://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](http://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 rule-making 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](http://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 31, 2019. You can see this here on the last row of the table that's on the slide. A

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

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](http://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 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

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

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 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

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

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](http://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.

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.

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

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. Thank you for the valuable information you shared with us today, and now we have some time for some live Q&A's. From those listening, the phone number is on the screen for you to dial in and how to connect, and at this time I'll turn it over to our operator, Jessica, to open up the phone lines.

**Jessica**

**(Operator):** If you would like to ask a question, please signal by pressing \*1 on your telephone keypad. If you're 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 the phone line will indicate when your line is open. Please state your name before posing your question. Again, press \*1 to ask a question. And once more ladies and gentlemen please press \*1 to ask a question.

**Keshia:** I have a question here so from the chat box. Do we need to enter zeros for every field in the web-based measure or just in the required fields? So, this is a great question. Zeros only need to be entered in the required fields such as the numerator and denominator that's at the bottom of the page of each measure. The

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

population and the sample at the top of the web-based measure data collection tool is not required and can be left blank.

**Melissa B:** Thank you, Keshia. Do we have any; go ahead.

**Jessica**

**(Operator):** \*1 to ask your question.

**Melissa B:** Okay, we will take another

**Jessica**

**(Operator):** And it appears that are no questions.

**Melissa B:** Okay. We have some questions in the chat that we can let our audience know about.

**Melissa T:** Okay, here's another question. Could you explain what a 2% reduction in the Annual Payment Update means? That is also a really good question. So, each year CMS determines the payment reimbursement hospitals will receive for each procedure. If your hospital meets the OQR program requirements, then during the Payment Determination Year each claim your facility submits to Medicare for payment will be reimbursed at the full payment update. Now, if your facility does not meet all of the requirements, then your reimbursement may be decreased by 2%.

**Melissa B:** Thank you, Melissa. Any questions in the queue yet Jessica?

**Jessica**

**(Operator):** We'll now take our first question. Caller go ahead.

**Caller:** Hi, this is Michella Wilsmon. Just curious. Will we be able to get slides from the presentation to print off?

**Melissa B:** Hi, Michele. Yes, the recording and the slides are, will be available at a later date. The slides are available now, of course. The recording will be available soon.

**Caller:** Okay, great. So just go to the website. Is that right?

**Melissa B:** Correct, [qualityreportingcenter.com](http://qualityreportingcenter.com).

**Caller:** Okay, thank you.

**Melissa B:** You're welcome.

**Jessica**

**(Operator):** We'll now go to our next question.

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

**Caller:** I have a question regarding the ER visits hospitalizations following an outpatient procedure. I don't know if this is going to be the right webinar to ask the question, but, for instance, you have a patient who's in for a Cysto, and then two weeks later shows up in the ER with pneumonia that is tagged since it's within the period of time that they're looking at, but it hardly seems to hook up with that. Do we know what is going to be done with these procedures followed by ER visits? Is someone going to be able to try to connect the two in the future?

**Melissa T:** Thank you for your question. If you could, that's a great question, if you would possibly be able to enter that into the Q&A Tool on QualityNet, and then in that way we can direct that question to the right subject matter expert and the measure writers for that measure.

**Caller:** Got it. Thank you.

**Melissa T:** You're welcome.

**Jessica (Operator):** We will now go to our next question.

**Caller:** Hi, this is Betty. I'm calling about OP-30. The denominator, is that all patients that have had a colonoscopy that have had a polyp removed that had a returning colonoscopy and does that include those that didn't come back for that second, I don't know if I made that, made sense there or not but this is the denominator?

**Melissa T:** Ok, for OP-30 are you referring to the denominator about the three years prior?

**Caller:** Correct.

**Melissa T:** Is that your question?

**Caller:** Correct.

**Melissa T:** Ok. So, yes, this, this is going to include all your patients that are 18 and older receiving a surveillance colonoscopy that have a history of prior polyps in a previous colonoscopy finding and have that three-year follow-up since their last colonoscopy.

**Caller:** Ok, so, if they didn't have a follow-up, they would not be counted?

**Pam:** Your, it is, your visit, your patient that you're looking at now, that is the one you've coded that patient as they have had a previous colonoscopy. So, it's the visit this time that you're looking at that is the follow-up.

**Caller:** Ok, that's what I want to find out. Thank you so much.

**Pam:** You're welcome. Thank you.



# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

**Jessica**

**(Operator):** And once again it is \*1 to ask a question. And it appears there are no additional questions in the queue.

**Melissa B:** Ok, this is Melissa, and I do have one from the chat box, and that person is asking how do you check the information that is due on May 1<sup>st</sup>? So May 1<sup>st</sup> is the deadline for the clinical submission for outpatient charts that were from Quarter 4 2018 encounters, and an easy way to check that is through the QualityNet Secure Portal by logging in and going to the report section and either running your Provider Participation Report which is under the reports for annual payment reports, or, you can run the Submission Summary Report, and either of those will give you a basic summary of what has been accepted into the warehouse and what is being counted and give you a high level view, and if you have any questions about that or cannot locate those reports, just call our helpline and any one of our team will be able to help you at our 866.800.8756 number. And do we have anything in the queue at this point?

**Jessica**

**(Operator):** There are no additional questions.

**Melissa B:** Ok.

**Pam:** Melissa, I pulled one from the chat box. It is, is reporting for the Hospital OQR program required or optional for critical access hospitals in 2019? And for critical access hospitals participation in the Hospital OQR Program is not required; however, it may be required for some programs like your Medicare Beneficiary Quality Improvement Project, which is the MBQIP, so you would have to check with them to find out what is required for you to report.

**Melissa B:** And do we have anything in the queue at this point?

**Jessica**

**(Operator):** Ladies and gentlemen it is \*1 to ask a question. It does appear there are no additional questions.

**Keshia:** Hi, Melissa, I have another question that's been in the chat box. So, the question is, is it okay to leave OP-31 incomplete in the web-based data collection tool? And the answer is yes. You can leave OP-31 incomplete because that is a voluntary measure. If you do wish to have all your measures read complete, you can also enter zero and a zero for the numerator and denominator for that measure to mark it complete.

**Jessica**

**(Operator):** If there are any additional questions at this time, please press \*1.

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

**Pam:** Hi, Jessica. While we're waiting for anyone else to hop on with a question, I'll read another one from the chat box. And that is can you clarify the association between calendar year, encounter data, and it's association with payment determination year, and, yeah, the Hospital OQR Program has like three terms to describe payment determination, and it's the reporting period which is your patient encounter period, the submission period and that's when you submit your data to CMS, and the payment determination year. Now, the payment determination year is the calendar year that your claims submitted to Medicare during that year will be affected based on meeting the program requirements. So, hopefully that makes it a little more clear.

**Melissa B:** Thank you Pam. Ok, so, just a reminder as you've heard May 1<sup>st</sup> is the clinical data submission deadline for Quarter 4 2018 encounters, and May 15<sup>th</sup> is the deadline for the web-based data submission on the QualityNet Secure Portal. To complete all those things, just make sure your facility, your hospital has at least one SA; we recommend two; and that would be your Security Administrator that's able to log in to the QualityNet Secure Portal in order to submit those data. If we have no further questions, we will wrap it up.

**Jessica**

**(Operator):** We do actually have a - Pardon the interruption, we do have one additional question. Caller go ahead.

**Caller:** Hi, I was wondering if you could answer a question about the CART submission and any rejections you might get. I submitted a file. I had two rejections because there was a typo on one of the dates. Can I just correct those and then resend those two patients separately or do I need to correct them and resend the whole file?

**Melissa T:** Thank you for your question. No, you are able to just correct them and resubmit those cases.

**Caller:** So, anything that's rejected is not going from the warehouse is not going into my submission at all?

**Melissa T:** Correct. It has not been accepted into the warehouse. Correct, so you're able to just re-abstract those and resubmit them.

**Caller:** Ok, good. Ok, great. Thank you.

**Melissa T:** Thank you.

**Melissa B:** Great question. Thank you.

**Jessica**

**(Operator):** And there are no additional questions.

# Hospital Outpatient Quality Reporting Program

---

## Support Contractor

**Melissa B:** Ok, looks like we have answered all the questions through the phone and in the chat box at this time. If you think of a question that you would like to have answered later, please feel free to call us at our 866.800.8756 number, or you may also submit it to the Question and Answer Tool that's found on the [qualitynet.org](http://qualitynet.org) website, and we'd be happy to assist you. And with that, we thank you for joining us today, and enjoy the rest of your day.