



Hospital Outpatient Quality Reporting Program

Support Contractor

Information, Tips and Updates: The Hospital Quality Reporting (OQR) Program

Presentation Transcript

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Karen

VanBourgondien: Hello everyone and welcome to today's webinar. Thank you for joining us. Today we will provide you with the newest information regarding system updates for data submission, public reporting, and other applications. We will also review some program information that is pertinent to your successful reporting. If you've not yet downloaded today's handouts, you can get them from our website, QualityReportingCenter.com. Just click on today's event, and that should allow you to download the slides.

The learning objectives are listed here on this slide. As always, we have an Ask a Question box. If you have a question, please use that Q&A box. One of our subject-matter experts will respond directly to you. So, without any further delay, let me turn things over to our speaker Pam Rutherford. Pam?

Pam Rutherford: Thanks, Karen. Good day, everyone. As Karen stated, we are going to be covering a few things that are new or coming our way for the Hospital Outpatient Quality Reporting Program. So, let's get started with Next Generation. Now, I know you are aware the preview of your publicly reported data utilizes Next Generation. However, there are a few changes with Next Generation that we want to spotlight.

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Now, Next Generation was brought about initially in response to CMS' desire to bring end-users' needs to the forefront and develop a modern quality reporting system. The Hospital Quality Reporting User Experience team has been working and redesigning the *QualityNet Secure Portal*. Next Generation will extend across programs. Now, this platform was constructed based on stakeholder feedback and various subject-matter experts. This new user interface allows for a consistent experience through the use of one platform and a unified display across multiple programs. Hospitals are used to this new interface for their publicly reported data. However, in the near future, you will be entering your web-based measures into this same platform. Right now, it will remain as it has been for entering your web-based measures.

Let's take a few minutes to review how to submit your data because *QualityNet's* website has changed. I am not going to go into a lot of detail here, just a quick review. If you need details beyond what I am going to show you today, you can reference our previous webinars posted on our website, QualityReportingCenter.com, or, you can always give us a call and we will be glad to walk you through it.

QualityNet has undergone significant change, as they have reconstructed their site. This is the new view of the home page. To sign into the secure side of *QualityNet*, you will click on the *Log Into Secure Portal* tab, at the top right, where I have it boxed up in red.

You will then be taken to the Choose Your Destination Page, and, of course, you will choose *Hospital Quality Reporting*.

You will enter your secure credentials as you always have. Then, select the Submit icon.

The My Task page will then open. Now, your view of this page may be different than the one I am showing you here because the view will depend on your particular access. Now, from this My Task page, you will Select the Manage Measures option.

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This will be the next page that will open. Again, your view of this page may look slightly different than this view.

Under Select a Program, you will click on the *Outpatient Web-Based Measures* option.

You will then be directed here. You will need to select the payment year you will be entering data for, and make sure you have the correct Payment Year in the box. You are currently entering data for Payment Determination Year 2021. That is the year you want in the box. The one next to the arrow. Once you have the correct payment year, you will select the *Continue* icon.

This will open the web-based measures submission page. Now, notice that the submission period is noted here, as well as the reporting period it corresponds to. This view will also tell you what measures you need to submit, and the required measures can all be seen, and I have them boxed in red here. To enter your data, you will click on the measure number in blue. All of these measures say Incomplete at the beginning point because you haven't entered any data yet, Notice that, when you have finished entering your data, you should see *Complete* under each measure. So, what if your hospital does not have data to enter for a particular web-based measure because your facility does not perform those types of procedures? Well, you will have to enter zeros. Let's select the OP-29 measure to look at with regards to entering zeros.

Again, if your facility does not perform procedures relating to the measure, you still have to enter data. If it is left blank, it is not reported. I'm showing you OP-29 specifically for a reason. We get asked the question, "What if we don't do screening colonoscopies? Do we just leave it blank?" Of course, 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 enter data. So, you say to yourself, "I don't have any data. What am I supposed to enter?" Well, great question. If you don't have data, 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

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measures, enter zeros as you see here. CMS is aware that leaving these fields blank due to no cases has been a concern, and they are working with contractors to modify this in the future; but, for now, you need to enter zeros if you have no cases. Also, any time you see the red asterisk, you must enter something. These are required fields. For this measure, the required fields are the numerator and denominator. The population and sample size you can leave blank and, under the hospital sampling frequency, you can just select N/A. So, after you enter zeros, then at the bottom of the page, you will see the Calculate and Submit buttons. You would click on the Calculate button, and then the Submit button. When you select that Submit button, it will take you back to the beginning page where you select your next measure. You will continue with entering data for the rest of your measures. Remember, you will want to see Complete across all your measures when you have entered data.

Alrighty then, let's review what is coming up for the next submissions. You have two submissions in the near future. The first is the clinical chart-abstracted measures that are reported quarterly. These data will be due to be reported no later than May 1, 2020. This will be for Q4 2019 data and will reference the reporting period, or patient encounters, October 1 through December 31, 2019. This will include ED throughput measures, stroke, and AMI measures set.

With regard to the web-based, these measures are reported annually through the *QualityNet Secure Portal*. These measures are all due to be reported by May 15, 2020, using the reporting period, or patient encounters, of January 1 through December 31, 2019. The measures you will be reporting are OP-22, OP-29, OP-31, if you choose, remember OP-31, that's voluntary, and also OP-33, which is not voluntary. Remember though, OP-33 was removed from the program in this most recent rulemaking cycle. This May will be the very last time you submit data for that measure.

Once you have entered your data, we do have a tool on our website that allows you to check your submission. It is called the Lookup tool. This tool is separate from *QualityNet*, so it is updated according to data we

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receive, and the updates are more frequent the closer the deadline becomes, and I will show you here in a minute where that is. If you completed your submission, you will simply see a Yes next to the measures. If you have missing data, it will say No. Let me show you what I mean.

From the home page of QualityReportingCenter.com, you will select the Outpatient tab at the top of the page.

That will bring you to the outpatient section for the Hospital OQR Program. You can see on the left there is a menu containing various options. Now, there's a lot of information on this website, but, for our purposes today, we are going to select the drop-down arrow next to the Data Dashboard.

This will open the drop-down menu, and you will select Lookup Tools.

You will enter your hospital's CCN and click on Enter. This will take you to the page that will display either Yes or No for your data result. By the way, that Data Last Updated date is posted in this area. You can see it here next to the arrow. If this says March 18, and you submitted that day, your data is likely not going to show as completed here. Remember, we update this dashboard from data we receive from *QualityNet*. So, please check back in a few days and recheck that date.

You can also run reports to check on your data submission. This would apply to your web-based measures submitted annually, as well as the clinical measures you submit quarterly. The Provider Participation Report is a tool that enables hospitals and vendors to monitor their compliance with the Hospital OQR Program requirements. This report displays a summary of information of cases that were accepted into the Clinical Data Warehouse. Now, this can assist providers in making sure they are meeting the requirements of the program. The Case Status Summary Report is a total of unique cases submitted to the CMS Clinical Warehouse by measure set for the specified discharge period. This includes the number of cases submitted, accepted, and rejected. The Submission Summary

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Report displays counts of accepted and rejected cases and counts of error codes that were submitted to the data warehouse. This report is only available in PDF form. These are just a few reports you can run to check up on yourself. Well, that's your data submission. So, lets now review a few other items coming your way.

There are a few new developments in the area of public reporting as well.

Later this year, CMS plans to launch a simplified and consistent online experience to make it easier for consumers to find and compare care, while also meeting the needs of industry stakeholders who search data that are important to them. They are working to develop an improved companion portal that Medicare researchers and stakeholders can use to access the more detailed data that are important to them. This new Provider Data Catalog will reside on CMS.gov. It will have an improved interface and intuitive search features to allow users to easily search and download CMS' publicly reported data. So, better serving stakeholders who use the interactive and downloadable datasets like those currently found on Data.Medicare.gov. To meet the needs of today's Medicare beneficiaries and improve the online Medicare customer experience, CMS plans to combine and standardize Compare tools, allowing users to access the same information through a single point of entry and simplified navigation to find the information that is currently divided in places like *Nursing Home Compare* and *Hospital Compare*. The new Medicare Care Compare on Medicare.gov will offer Medicare beneficiaries and their caregivers and other users a consistent look and feel, providing a streamlined experience to meet their individual needs in accessing information about health care providers and care settings. In the new, unified experience, patients will be able to easily find the information that is most important to help make health care decisions, like getting quality data by the type of health care provider.

Now, the way you access your data has not significantly changed, but there are some updates.

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The most recent data refresh for *Hospital Compare* was in January. Your hospital's chart-abstracted data was updated. This is the data that you submit quarterly. This update is the last time you will see data pertaining to OP-5, as that measure was removed from the program. OP-32 has a data collection period using two years of data instead of one. This is also reflected on this update, and OP-35 and OP-36 data are being displayed for the first time. The most current preview period opened on February 10, and this is a preview of April data. Let's briefly review how you can find your publicly displayed data. Again, this will be a brief review.

I am going to start here on the My Tasks page, as I showed you the steps to get here a little bit ago. To get to the public reporting area, you will select the View the new Hospital Quality Reporting icon.

This will direct you to the next page. Now, keep in mind that this view may vary depending on what your level of access is. So, you may see more or less options here. Regardless of your view, you will select the Public Reporting box.

This will direct you to the opening page. It opens up to the Measure Data page. This view will also vary depending on your user access. So, for example, if you have access to inpatient and outpatient data, then the individual tabs displayed for review would be for both programs. They will also have the accordion-style feature and can be expanded by selecting the (+) to the left of the title. Selecting the (-) will collapse the table. You are also able to export your data by selecting the Export Data icon. This downloads a PDF of your entire Preview Report data.

If you were to scroll down this page, you would see the available tabs in this view. If you were to return to the top of the page...

This time we are going to select the *Star Rating* tab.

Located on the right top of this page, where you see the red arrow, it says Publication Date, and it gives the date of January of 2020, which is the date when this data was published on *Hospital Compare*. This is here because the Star Rating information was updated in January. Other data for this

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program are updated at different times. So, it is meant as a reminder only. Now another interesting thing on this page is right below that, in the light blue box. It asks, “Do you know how your Star Ratings are calculated by *Hospital Compare*?” So, if you want to know how your Star Ratings are calculated by *Hospital Compare*, choose the Learn More tab.

Here you are. This is a brief, but understandable review of what percentage of your quality measures are used in the Star Ratings. Now, the Overall Hospital Quality Star Ratings summarize hospital quality data on the *Hospital Compare* website. These ratings reflect measures across seven aspects of quality on *Hospital Compare*: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging.

Now, if you were to return to the previous page, the opening view of the Star Rating’s tab, you will see the Measure Score Groups. As before, you can click on the Plus in front of the Score Group you want to view, and the data for that score group will display in an accordion file. Each group accordion displays the performance for the group and expands to provide additional information. Users are now able to export their Star Ratings information into a PDF report now just like they were able to do for their preview reports. That is a very brief summary. We have gone into detail on walking you through this previously and you can access those webinars on our website, QualityReportingCenter.com. *QualityNet* also produces a help guide that has a lot of great information, as well.

There are some upcoming system updates, as well. We really just want to provide you with a heads-up, if you will.

A new information system is coming our way. This will be across all programs. We want to just clue you in a little bit about this, so you are aware of it before it goes live. This information system is referred to as HARP, which is HCQIS Access Roles and Profile. Of course, the acronym is HARP, H-A-R-P. HARP is a secure identity management portal provided by the Centers for Medicare & Medicaid Services (CMS). Creating an account via HARP provides users with a user ID and

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password that can be used to sign into many CMS applications. It also provides a single location for users to modify their user profile, changes in their password, update their challenge question, and add and remove two-factor authentication devices.

When this system is released, you will go to *QualityNet* and complete the registration form to create a HARP account. To create an account, users must enter their profile information, account information, and successfully complete proofing (identify verification). Registration could take anywhere from 5 to 15 minutes, depending on how quickly user data is proofed and verified. Now, HARP uses a third-party service provided by Experian to verify user identities. To complete account setup, users need to log into HARP and set up a two-factor authentication. All HARP accounts are required to have two-factor authentication for security purposes. It is an extra layer of security on top of a user ID and password that require a piece of information only accessible by the user, such as a security code via text or phone call. Now, upon logging into HARP for the first time, users will be prompted to set up their two-factor authentication by entering one or more authentication devices. A new login URL will be released. This is where reporting platforms will be located. As of now, there is not a release date for the HARP system for the Hospital Outpatient Quality Reporting system.

Okay, we have talked about both the *QualityNet* and QualityReportingCenter.com websites. There is a lot of information available. I tried to just hit the highlights here, today. Once you get going and you find you have questions, feel free to call our help line, listed here on this slide, or enter your question into the Question and Answer tool located on *QualityNet* home page. I think that about covers things. I hope we have been able to provide you with some updated information coming your way. Karen, I think that's all I have. So, back to you.

Karen

VanBourgondien:

Thank you, Pam! That was a lot of information. Polling questions too, by the way. So, Pam, we have a few minutes. I think maybe we can take some questions and go over those for the listeners. Is that okay with you?

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Pam Rutherford: Sure, that's great.

Karen

VanBourgondien: Okay, so, here is a question that is asked a lot. So, let's just knock this one out at the beginning here. The question: What exactly is HARP? So, briefly, HARP is a secure identity management portal provided by CMS. Creating an account through HARP provides users with a user ID and password that they can use to sign into many CMS applications. It provides a single location for you to modify your user profile, change your password, update challenge questions, and add and remove the two-factor authentication devices, and Pam did talk about that; but, for some of you, this may not be particularly impactful because you are only accessing *QualityNet* and maybe you are only reporting for one program. So, for some of you, it is not as significant as for others because other individuals do access various CMS applications. This would give those people the convenience of having one set of credentials processing and log in instead of multiple login areas. So, that is a simplified version, but I hope that sort of clarifies things a little bit.

Pam Rutherford: Karen? If I could jump in here for something on that. So, the reason they need to pay attention to HARP is because the VIP access is going away. Correct?

Karen

VanBourgondien: Great point! Yes, because now they are moving toward the two-factor authentication devices. So, yes, you are absolutely right, Pam. Thanks for bringing that up. We have all gotten used to using our VIP access and that is what you do in addition to your password. Now, that is going away, and they are going to the two-factor authentication devices. Great point, Pam.

Pam Rutherford: Okay.

Karen

VanBourgondien: Pam, here is a question, and I will let you answer it because you were speaking about it. Basically, there is more clarification about Next Generation. So, what exactly is New Generation?

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Pam Rutherford: Well, again, this is another one of those. It is what they are calling their update, and it's the public user interface that allows this one platform to provide just a uniform display across multiple programs. Now, at this time, New Generation provides the view to your Preview Reports in *QualityNet*, and they are provided in the same format as what will be publicly posted on *Hospital Compare*. So, that is the one part of it. In the near future, the Next Generation platform is where you will be reporting your web-based measures. Now, no date for this has been set for this upgrade, but it is still in the works.

Karen

VanBourgondien: Okay, thank you, Pam. When you were discussing earlier in the presentation, this question came up quite a bit. The question is, "Is OP-33 still required? I thought it was removed from the program." So, can you take that one, Pam?

Pam Rutherford: Sure. Well, they are correct on both sides. Yes, you are correct. In the CY 2020 Final Rule, OP-33 was removed from the program beginning with Payment Determination Year 2022. Now, as your hospital is currently reporting data for the Payment Determination Year 2021, this coming deadline of May 15, 2020, will be the last time you will report data for OP-33.

Karen

VanBourgondien: Great! Thank you, Pam. On that note, because you mentioned the deadline of May 15, we do want to press upon folks: Do not wait until May 15 to enter your data. We have been explaining to you today all of these new upgrades, system changes, and so forth that are going on. So, just to sort of mitigate any technical issue that may occur, please enter your data sooner rather than later, so you can check it off your list. Get it off your plate. Be done with it. So, please enter your data as soon as you can.

So, here's another question, Pam. Where do we get our Claims Detail Report, or CDR, for OP-36? Okay, so the Claims Detail Reports, or CDRs, those reports are available via the *QualityNet* Secure File Transfer. That report is a Microsoft Excel file that contains patient-level information for those who underwent a qualifying colonoscopy procedure at your hospital.

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These data include qualifying cases for measure OP-36, but you also get a Claims Detail Report for OP-32 and OP-35. So, you get a Claims Detail Report for those three measures. For OP-32, the CDR is based on preliminary claims for procedures that were performed from January 1, 2017, all the way through November 30, 2019. For the measures OP-35 and OP-36, the CDR date includes procedures which occurred during January 1, 2019, through November 30, 2019. Also remember, these reports will be available for a short time. So, please download your report as soon as possible. The reports are available for the Security Administrator on file for your hospital.

Pam? Is there another question that you think needs to be addressed?

Pam Rutherford: Let's see. How about this one, Karen? How does the reporting of the OP-29 measure affect payment for CY 2021? Is there a penalty based on the results or if the data is not reported at all? Do you want to answer that one?

Karen

VanBourgondien: Sure. I think, actually, that's a great question. We get that one a lot. The Hospital OQR Program is not a pay-for-performance program. So, for this program, to meet the requirements, you are required to submit data for the designated measures.

Okay, Pam. So, here's another good one. This is a question we get asked quite a bit. For CY 2021 payment determination, why are some measures applicable starting from quarter two, instead of quarter one? Do you want to take that one, Pam?

Pam Rutherford: Sure, okay. Web-based measures (WBMs) are collected annually, and chart-abstracted measures are quarterly. For example, for CY 2021 Payment Determination, the web-based measures reporting period is January 1 through December 31, 2019, and the clinical chart-abstraction quarters for CY 2021 Payment Determination is quarter two 2019 through quarter one 2020.

Okay, Karen. I think we have time for one more question. Let's see. Are there any plans for OP-31 to become required versus voluntary?

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Karen

VanBourgondien: Great question. We get that one a lot. Thanks for pulling that one, Pam. That's a frequent flyer. Okay, so, at this time, OP-31 does remain voluntary, and there was nothing in the last final rule stating that it would be anything other than voluntary, but every year CMS does do new rule writing. So, stay tuned for the proposed rule somewhere around July, this summer, and we will find out if there are any changes. As of now, OP-31 remains voluntary.

So, I think that's all the time we have for today. Thank you for joining us and thanks for participating in our polling questions. We always really like to hear from you and see how you feel about certain things and what your thoughts are. Again, all our webinars are posted under the Archived Events tab for this program on QualityReportingCenter.com.

Thank you for joining us today and have a great day.