Hospital Outpatient Quality Reporting (OQR) Program
Support Contractor

A Beginner's Guide: Successful Reporting for the Hospital Outpatient Quality Reporting (OQR) Program

Presentation Transcript

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Karen
VanBourgondien: Hello everyone. Welcome to today's webinar. Thank you for joining us today. We are going to be outlining the program and provide the details you need to get started in quality reporting. It will be a great tool if you are new to the program and a great review for those of you who are already familiar with the program. If you have not yet downloaded today's handouts, you can get them from our website at QualityReportingCenter.com. Just click on today's event, and you should be able to download the slides.

The learning objectives for this webinar 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 www.QualityReportingCenter.com at a later date. During the presentation, if you have a question, please put that question in the Ask A Question box that you see on your screen. One of our subject-matter experts will respond. If, for some reason your question does not get answered, please know that all questions and answers will be posted on our website. So, that is all the housekeeping issues I have. Let's get started with the presentation. Pam?

Pam
Rutherford: Meet Spencer. He is new to reporting for this program and has no idea what he is supposed to do. Let's fill him in on some background information for the program first.

CMS is required by federal statute to have a program under which hospitals will report on the quality of hospitals' outpatient care utilizing standardized measures to receive the full annual payment update to the Outpatient Prospective Payment System, or OPPS, payment rate. This program is known as the Hospital Outpatient Quality Reporting Program. Eligible hospitals must meet administrative, data collection, submission, and validation requirements or receive a 2-percent point reduction in their annual payment update.

To avoid a reduction in their annual payment update, hospitals must meet the program requirements. So, to meet those requirements, you will collect and report data for the measures specific to this program, and I'll discuss these measures with you in just a moment. You will then submit this data through the *QualityNet Secure Portal*. You will need to obtain the appropriate credentials in order to access this portal. Once you submit any data, your facility is considered participating in the Hospital Outpatient Quality Reporting Program. All measure specifications are detailed in the Hospital OQR [Program] Specifications Manual. You should get to know the specifications manual, as it will guide you on appropriate data collection, abstraction, and submission. I'll show you where to find this manual shortly. You will also need to meet the validation requirements for the measures that apply. CMS computes a confidence interval around the combined scores of all quarters involved in the calendar year. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the Hospital OQR Program validation requirement; if the confidence interval is below 75 percent, the hospital will fail the validation requirement. If a hospital does not meet the overall validation requirement, the hospital will not receive the full APU for the payment determination year. All the information about this program and others are always put forth publicly in the final rule. In short, the final rule details the program, and we'll go into that aspect in more detail later in the presentation. For now, know that everything for the program, like changes, additions, or removals, are always put forth through the rule making process.

Any data that you report will be made publicly available. Before your data are displayed publicly, you are able to preview that data. Whenever a preview period becomes available, take the time to evaluate it. This is your sneak peak of what will be available publicly. You can access and use your data to evaluate your own processes, performance, and quality.

All requirements changes and modifications to this program are brought forth through the rulemaking cycle which includes the proposed and final rules. Spencer remembers hearing about a proposed and a final rule. He is asking himself, "What are the proposed and final rule? What is this all about?"

Around July of every year, CMS publishes proposed changes to the Hospital Outpatient Prospective Payment System, or the OPPS, for the upcoming calendar year. These changes are put forth in what is known as the proposed rule. There is a comment period with each proposed rule cycle to provide anyone, including hospitals, an opportunity to voice their feedback on these proposals. CMS strongly urges the hospital community to participate in the comment process. Public comments are vital, and CMS reviews each comment before finalizing these changes in the final rule.

Once the comment period closes, CMS collects all of the feedback and the final rule is released around November with the finalized proposals made to the program. So, it's important we keep up with the rule-making process so that you know what changes were made to the program.

To find the most recent OQR final rule in the *Federal Register*, begin with accessing the FederalRegister.gov link. Now, this will be the CY 2020 final rule for both the Hospital Outpatient Quality Reporting Program as well as the ASC Quality Reporting Program. The OQR section begins on page 61410. I have also included the direct link to the PDF version of the final rule in the *Federal Register* on the slide, and you can access that link.

OK. What's on the must-do list to be able to successfully report your data? Well, we are going to need to register with *QualityNet* before beginning to report data, regardless of the method used for data submission. You will also need to identify and maintain a *QualityNet* Security Administrator. Existing Security Administrators for the CMS Hospital Inpatient Quality Reporting Program may also register as the Security Administrator for the Hospital OQR Program. Although it is not required to have more than one Hospital Outpatient Security Administrator, we highly recommend designating more than one Security Administrator for back-up purposes. You will have to consider that, if your facility has only one Security Administrator and that person is unavailable at a time of submission deadlines, your facility runs the risk of not being able to submit data timely. You will collect chart-abstracted clinical data for each quarter as

well as collect data for measures to be submitted via a web-based tool and submit all these data by the deadline.

A moment ago, it was mentioned there are quality measures for this program. Being new, Spencer is not really sure he even knows what measures are included in this program. So, let's start with the types of measures.

There are three types of Hospital OQR Program data measures. First, there are the web-based measures, which are submitted using a web-based tool through *QualityNet*. You do have to gain appropriate access into the *QualityNet Secure Portal*. So, each facility will need to identify a Security Administrator. Again, we'll keep discussing the importance of the Security Administrator throughout the presentation. These web-based measures are reported annually by May 15 of each year. Now, you can submit this data anytime from January 1 through May 15, the deadline. The second type of measures are the patient-level, chart-abstracted measures, which are also submitted via *QualityNet* either by using CART, which is a free software application, or by a third-party vendor. This vendor will essentially enter the data on your hospital's behalf. However, the hospital will have to provide permission for a vendor to do so, and this is the data submitted quarterly. Lastly, there are the claims-based measures. Data for these measures are collected from paid Medicare claims for measures that meet the specific measure criteria. There is no manual abstraction for these measures on the part of the hospital. Let's break all this down to make things a little clearer.

You can see here the measure name and description of the web-based measures. You will access the specifications manual to obtain details on all the measures for this program. So, hold that thought. I will be showing you how to locate the specifications manual in just a few moments. Now, OP-22: Left Without Being Seen. Now this measure is in the ED-Throughput measure set, but it is placed here because this measure is not a patient-level, chart-abstracted measure but rather a measure submitted using the CMS web-based tool. So, you will find information regarding this measure in the specifications manual under ED-Throughput. It is also listed on various

websites under ED-Throughput. OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients. OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery and OP-33: External Beam Radiotherapy for Bone Metastases. Now remember, OP-31 is a voluntary measure. This means, at this point in time, you can 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.

Now, a term that is used often, but sometimes causes confusion, is the term "payment determination." When we say, "payment determination year," it is referring to the year your Medicare payment will be affected as a result of the data you reported. On this slide, we are talking about the CY 2021 payment determination. This is the current submission period. So, the web-based measures for this program are OP-22, OP-29, OP-31, and OP-33. I mentioned a couple of slides back that these measures are reported annually, and I also mentioned the deadline of May 15. On this slide, I have summarized this. You can see the measures to the far left. The reporting period, or the encounter dates, are displayed in the center column. It is essentially when a patient was receiving care in your hospital. The reporting date, in the far-right column, is the time frame you have to enter these data into the *QualityNet Secure Portal*. You can see that CMS is very accommodating and provides you with over four months to enter this information. So, don't wait until the last minute. OP-33 was recently removed from this program in the most current rulemaking cycle. So, the last time you will report data for this measure will be the submission period of January 1 through May 15, 2020, using the encounter periods of January 1 through December 31, 2019. So, see how important it is to pay attention to the proposed and final rules? Now, let's talk about the clinical measures, or the chart-abstracted measures.

The clinical data, or chart-abstracted measures, are reported quarterly. I have them somewhat divided over two slides to make it a little easier to understand. So, the cardiac measures include the measures for Acute Myocardial Infarction, or AMI, OP-2: Fibrinolytic Therapy Received

Within 30 Minutes of [ED] Arrival and OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention.

Moving on with the rest of the chart-abstracted measures, which are OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients and 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. You will reference the specifications manual to know how many cases you should submit. These clinical data, chart-abstracted measures are also subject to chart audit validation, and we are going to talk about this shortly.

Here is the submission timeline for the chart-abstracted measures. Now, you are required to submit this information quarterly. Your next deadline is May the first. This will include Q4 2019 data, which are the encounter dates of October first through December 31, 2019. You will notice that Q1, 2020, are encounter dates of January 1 through March 31, 2020. That is because that quarter of data is also connected to the 2021 payment determination. In summary, this chart is showing you the encounter quarters and submission dates for the 2021 payment determination year.

I mentioned earlier that the chart-abstracted measures are subject to validation and that you must pass validation with at least a 75 percent validation score. This is intended to provide assurance of the accuracy of the hospital's chart-abstracted data. Now, CMS randomly selects approximately 450 hospitals from the list of participating hospitals and an additional 50 hospitals on a targeted basis, for an estimated total of 500 hospitals selected for validation annually. CMS will validate up to 12 cases for the clinical process of care measures per quarter, per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The additional 50 hospitals are selected based on having failed the validation requirement that applied to the applicable year's payment determination or there was an outlier value for a measure based on data that were submitted. Selected hospitals are required to supply the requested medical documentation to the CMS Clinical Data Abstraction Center, or CDAC, for validation purposes within 45 days from the date on

the CDAC request letter. Hospitals must obtain at least a 75 percent validation score for the designated time period.

OK. Switching over to the claims-based measures, the measures you see here on this slide are the Imaging Efficiency measures and relate to radiographic studies. Let me again clarify something here for a minute. Claims-based measures are measures collected from the claims that you submit to Medicare for payment. There is nothing you or your facility has to collect or submit or otherwise abstract for these measures.

Other claims-based measures for this program, which are known as outcome measures, are listed here: 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. These data are collected via paid Medicare claims; these are not abstracted and reported by the hospital. As a point of reference, information regarding these data collections are provided through reports issued by the measure steward. They will provide a Claims Detail Report and a Facility-Specific Report. These reports are provided prior to the data being publicly displayed.

This slide demonstrates the timeline for the claims-based measures, meaning the reporting period associated with each measure. For the imaging measures OP-8, OP-10, and OP-13, the reporting period (or patient encounters) are from July 1, 2018, through June 30, 2019. The outcomes measures of OP-32, OP-35, and OP-36 are noted here as well. The OP-32 measure uses two years of data preceding the payment determination year. So, the reporting period for that measure is January 1, 2017, through December 31, 2019. For OP-35 and OP-36, the reporting period is one year from January 1, 2019 through December 31, 2019.

Oh. Here is Spencer again, and he is nervous. After learning all the program requirements, Spencer really wants to make sure he meets these program requirements. He is thinking, "What if I don't meet program requirements?" Well, let's see.

A reconsideration process is available for hospitals that did not meet Hospital Outpatient Quality Reporting Program requirements and, therefore, did not receive their full annual payment update [APU]. The procedural rules that govern the Hospital OQR Program reconsiderations are posted on the *QualityNet* website at www.QualityNet.org. If the reconsideration request is denied, the facility does have an option to appeal through the Provider Reimbursement Review Board. However, if a hospital fails to submit a timely reconsideration request by the applicable deadline, then the hospital will not be eligible to file an appeal with the Provider Reimbursement Review Board. The procedural rules that govern the reconsiderations are posted on the *QualityNet* website at www.QualityNet.org.

Ok. So, I have mentioned the *QualityNet* website multiple times. The *Secure Portal* is the only CMS-approved method for electronic transmission of private data between healthcare providers and CMS for the purposes of the Hospital OQR Program. Data are stored in the OPPS clinical warehouse. All files and data exchanges with CMS via the *Secure Portal* are encrypted during transmission and are stored in an encrypted format. Cases in the OPPS clinical warehouse may be updated until the data submission deadline each quarter. After the deadline, no further updates are accepted for cases in that quarter. In order to report data, you must have a least one Security Administrator [SA]. So, Let's take a closer look at how you can become a *QualityNet* Security Administrator.

Before I walk you through becoming a Security Administrator, let's talk about the two types of *QualityNet* registrations available to you: There are the Security Administrator, or SA, and basic user. The Security Administrator facilitates the data submission, registration process for other users at the organization, creating, editing, terminating, and viewing user accounts, as well as resetting basic users' passwords. Another important role is the ability to access the Secure File Transfer on *QualityNet.* Reports specific to your facility will be sent to this file. You will also, on occasion, upload files in certain circumstances. I mentioned this a moment ago, but I am going to say it again: As the role of the Security Administrator is so

important, it is highly recommended that hospitals designate at least two people as a *QualityNet* Security Administrator, one to serve as the primary, and the other to serve as the backup. CMS highly encourages this. There is also the role of the basic user.

So, what is a basic user? Well, that is somebody that has limited access to the *QualityNet* secure website, and that access is determined by the Security Administrator. It could be that you want someone just to run reports in *QualityNet*. So, the Security Administrator would then assign this basic user only the rights to download the reports. There is a registration process for the basic user, and you can find that registration form and information on the same *QualityNet* Registration Page. So, okay, how do you become a Security Administrator?

From the home page of *QualityNet,* you will simply click on the Register icon at the top right of the page. See the red box?

This will take you to the Getting Started with *QualityNet* page. It will provide information on the registration process and other important information. The menu to the left side of the page will provide you with further details. Now, if you were to just scroll down this page…

You will come to the *QualityNet* Security Administrator Registration Packet. You will click on the Download icon to access the form. Now, just follow the directions and fill it out completely and correctly, otherwise you will not be given access. If you need any assistance, you can call *QualityNet* directly, or you can give us a call.

Now, at this point, Spencer is saying, "How do I know what I am abstracting? Where do I go to find guidance?" Well, you can always refer to the specifications manual to guide you through the process. I mentioned this manual earlier, and it is a crucial component of abstraction. This manual was developed to provide a uniform set of quality measures that reflect the final rule. The specifications manual is your guide to the OQR quality reporting measures.

Currently, the manual is updated annually. The updated annual version, for example version 13.0a, this version will reflect changes and updates that occurred during the previous year. What happens if there are changes between the annual production? Well, good question. If there are any changes between the annual versions, they are communicated through release notes. Any changes, whether in annual production or release notes, you will find highlighted in yellow. This is a great way to easily determine any change. If you see yellow highlight, pay particular attention, as this is different from a previous version or update.

To find the specifications manual for this program, we will once again start on the home page of *QualityNet*. You will select Hospitals-Outpatient.

To view the most current manual, which is version 13.0a posted, you would select Download 2020 Specifications Manual. The Download 2019 Specifications Manual icon will direct you to the previous update. However, since presumably most of you are new, I want to illustrate a few things. So, we are first going to select View all Specifications Manual.

The reason I am showing you this is so that you can see the way the version of the manuals refers to the encounter period or reporting period. You can see the version boxed in at the left and the encounter period next to the arrow that corresponds to that version. So, for version 13.0a, seen here, the patient encounters will be for January 1, 2020, through December 31, 2020. You can also see all of the previous versions that were released.

Version 12.0b, is the manual you will access for encounters January 1, 2019, through December 31, 2019. So, for the current submission period you will reference the version 12.0b as those encounter dates, or reporting period, are for the CY 2021 payment determination.

So, Spencer knows about the proposed and final rules, but he wants a little clarification on how these changes relate to the specifications manual. Remember, when the final rule is displayed, it will inform us of any changes that were made to the program. These changes are then placed in

the Specifications Manual. So, let's talk about some of the most recent changes to the manual.

As we discussed earlier, the final rule brings forth any changes to the program. These changes are then reflected in the specifications manual. Removal of the clinical process of care measure, OP-5, was finalized for removal beginning with the calendar year 2021 payment determination. Because Quarter 1, 2019, was part of the calendar year 2020 payment determination, this measure was retained in the 2019 specifications manual version 12.0b, for abstraction reference for that quarter. Now, beginning with version 13.0b, the measure is fully removed from the manual as well as references to this measure throughout. Now, this measure is no longer part of the program, but we are letting you know that you will see it in the 12.0b version, as there is that one quarter of abstraction connected to that version. Removal of web-based measure OP-33 was just finalized in the CY 2020 final rule beginning with CY 2022 payment determination. So, as I mentioned a few moments ago, the last encounter period you will report on this measure is your 2019 encounters for the submission deadline of May 15, 2020.

Since OP-5 has been removed from the program, the references pertaining to that measure have been removed from the manual.

Likewise, the same rationale would apply to the OP-33 measure. As OP-33 has been removed from the program, all references to that measure have been removed in the 13.0a version of the manual. That version uses encounter periods of January 1 through December 31, 2020. Hospitals will not need to collect and abstract data for this measure using those encounter periods and moving forward.

There were some changes to the Data Dictionary section of the manual. These data elements, specific to OP-5, were removed from the Data Dictionary for the Calendar Year 2020 specifications manual.

There were also some additions placed in the Data Dictionary for the data element Initial ECG Interpretation. The word "likely" was added as an acceptable qualifier term to disregard an inclusion term, when present. There was also a statement added saying that the list was not all-inclusive. For the data element Date Last Known Well, syncope and seizure were added to the Inclusion Guidelines for Abstraction. You will see these additions in yellow highlight within the specifications manual.

In the Appendix A portion of the manual, there were updates to include the current ICD-10 and CPT code tables. These codes are updated on a different timeline than a regular calendar year. The Appendix A portion is separated out from the full PDF manual since there are two files for each annual manual. Right now, there is only one file which relates to the Quarter 1 through Quarter 3, 2020, reporting period. However, come September, there will be two files to choose from. That will be Quarter 1 through Quarter 3, 2020, and Quarter 4, 2020.

So far, we have provided a lot of information, and Spencer is feeling a little bit overwhelmed. So, what if Spencer is working late and he has a question? What should he do? Well, it's easy. Pick up the phone and give us a call, or there is a question and answer platform right on *QualityNet*.

To get there, well, once again, from the *QualityNet* home page, you will click on the down arrow next to the Help icon. From the drop-down menu, hospitals will choose the Hospitals-Outpatient option.

From this page, you can Browse, which means you can view previously asked question-and-answer pairs. You can access any questions you have previously asked under the My Questions tab, or you can simply just ask a question by clicking on the Ask a Question icon.

We send out a lot of information to help you stay informed regarding this program. This information is sent electronically through Listserve Notification. This is a free email service available on *QualityNet*. To access this service, you will simply click on Subscribe to Email Updates

from the home page of *QualityNet*. It will take you just a few minutes to sign up, and it is a great way to keep yourself informed.

So, Spencer now knows he can call the support contractor for assistance, but he wants to know how he can find the support contractor website. Well, Spencer, this website is another resource that is incredibly helpful to those new to the program. This website is full of tools and resources that are available to assist you with your quality reporting. So, let's just imagine you just entered the website, seen here on this slide, into your browser, www.QualityReportingCenter.com.

From the home page, you can select the Outpatient icon at the top right.

This will take you to the [Hospital] OQR Program page and, to the right, is a menu with areas of interest to choose from. You can see there are multiple categories, all full of information. So, needless to say, we won't have time to go over this all today. However, I will let you know that, under the Hospital OQR Program Tools and Resources tab, there is a wonderful resource geared for those of you that are new to the program, which is a great resource to help you keep things straight.

All of our webinars are stored under the Archived Events tab, and you can obtain data information under the Data Dashboard icon. So, please take the time to make your way through the site and see what's available.

After learning more about program data, Spencer wants to know what happens to the data he reports. Well, great question, Spencer! Well, CMS displays all of this data publicly and ensures the availability of reliable information about the care delivered in the nation's hospitals, including outpatient care. Providers can utilize this data to drive continuous quality improvement initiatives and track progress. The data that are displayed publicly empowers consumers to make informed decisions about their healthcare. Publishing data on *Hospital Compare* in a consumer-friendly format allows consumers to understand the data and make informed decisions about where they choose to receive care.

You can access the website Medicare.gov/hospitalcompare link. The exact link is placed at the top of the slide for reference. This will be your landing page. You can find your hospital or others in your area, if you enter information for your hospital.

You will be given the landing page for your particular hospital. You will notice the tabs at the time which represent the areas of interest which are publicly displayed. These you will click on to access the various measures reported. Again, I am not going into detail on this aspect today, but I would like to refresh your memory about Next Generation, as that is a bit newer and some of you may not be familiar.

Next Generation was implemented in November of 2018. We did present a webinar on this at the time it was released. You can find this webinar on our website, QualityReportingCenter.com, under the Archived Events tab. It was presented November 28 of 2018, and the name of that presentation was *Public Reporting and You*. This new public reporting user interface allows for a consistent experience through the use of one platform and a unified display across multiple programs. Through the streamlining of information, the data are no longer divided by programs, but they are displayed on one report. For those of you familiar with the *Hospital Compare* website, you will find this new design in *QualityNet* very familiar. The flow of data and categories of measure groups aligns creating a consistent way of displaying data, first to the providers during the Preview Report and, ultimately, to public reporting on *Hospital Compare*. To access this platform, you will sign into the secure side of *QualityNet.*

To get to the Next Generation platform, you will start from the *QualityNet* home page and select Log into Secure Portal, seen here at the top right. That will bring you to the Choose Your QualityNet Destination page. When you click on the arrow-down key, this drop-down menu will appear. Choose Hospital Quality Reporting. You will then be taken to the sign-in page where you will enter your credentials. I am simply showing you where to find this platform. We do not have time to go through this process today. However, stay tuned because we will be bringing you updated information on Next Generation and public reporting in the very

near future. By the way, another reason to be signed up for Listserves, you will be informed on the educational webinars that are available to you.

Well, with all the information he's been given today, Spencer is feeling pretty confident, and I hope you are too. Yes, Spencer, we have covered a lot of information today. So, let's just take a moment to summarize.

First and foremost, register as a *QualityNet* Security Administrator. You absolutely cannot report data without having at least one Security Administrator. You will collect data, whether chart-abstracted or web-based, and submit by the appropriate deadlines. I cannot say this enough: Do not wait until the last minute. If you do experience any problems, then call the support contractor. Our number is on the upcoming Resource slide.

So, what is coming up for the next submissions that are due? Well, that's a great question! 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. To remind you of what we talked about earlier, this will include ED- Throughput measures, stroke, and AMI measure sets.

With regard to the web-based measures, 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 a voluntary one. Also, [report] OP-33.

We have talked about both the *QualityNet* and QualityReportingCenter.com websites. There is so much information available. I tried to just hit the highlights here, today. Once you get going and you find you have questions, certainly feel free to call our helpline, listed here on this slide, or enter your question into the Question and Answer tool. Your answer will be sent via email as I discussed earlier. I think that covers things today. I hope we have

been able to provide you with a broad base to start your journey into quality reporting for your hospital. Karen?

Karen
VanBourgondien: Thank you, Pam. Wow! You covered a lot. So, that's all of the time we have today. We certainly appreciate all of you joining us. Remember that all questions and answers from the Q&A box are posted on our website, as well as the presentation transcript, and the slides, and the recording. They are all posted on our website at QualityReportingCenter.com. So, now let me hand things back over to our host to go over the CE process. I hope this webinar has given something to everyone. Thank you. Have a great day.