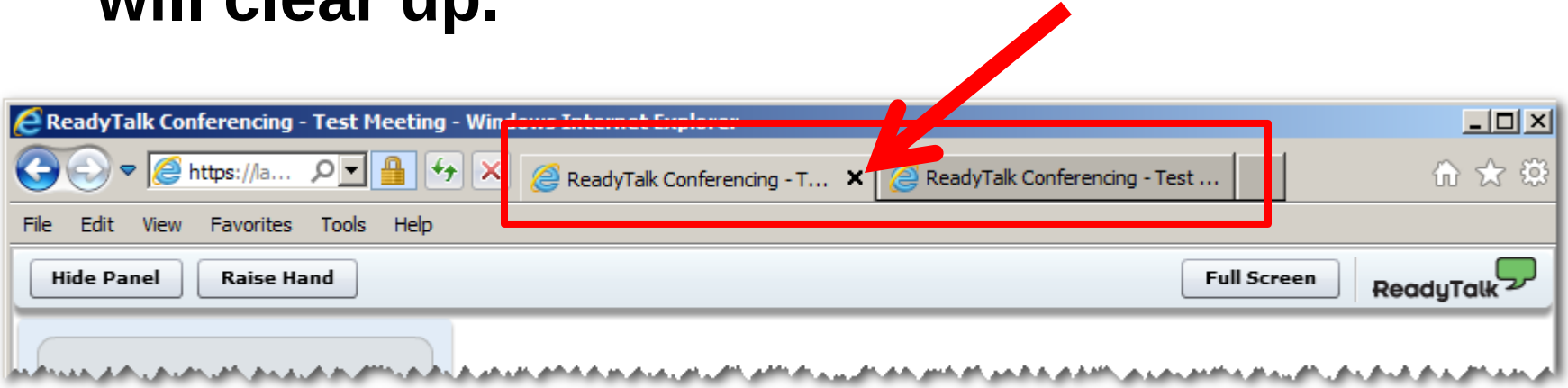
Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**

Troubleshooting Echo

- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.**
- **Close all but one browser/tab and the echo will clear up.**



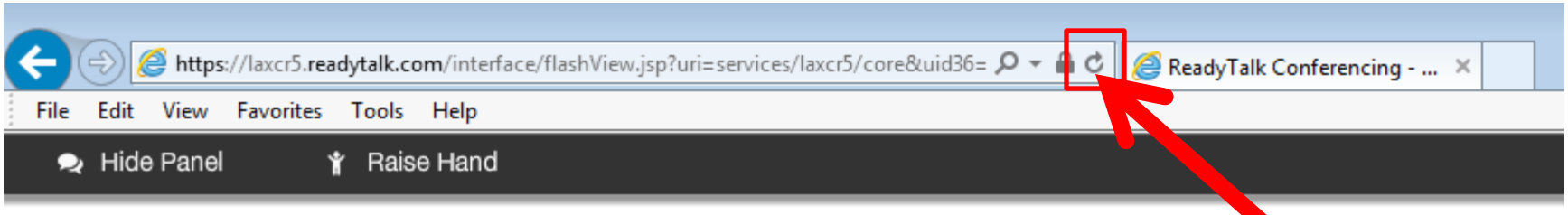
Example of two browsers/tabs open in same event

Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- **Click <u>Refresh</u> icon –**
  or-
  Click F5

F5 key
Top row of keyboard



Location of buttons

Refresh

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

Hitting the Highlights: Changes, Reports, Tools, and FAQs

February 17, 2016

Announcements

- January 1, 2016: Submission period for web-based measures submitted via QualityNet begins.
- Please be sure to access the QualityNet Secure Portal every 60 days to keep your password active.
  - For QualityNet password issues, contact QualityNet directly at 866.288.8912.

Save the Date

- Upcoming Hospital Outpatient Quality Reporting (OQR) Program educational webinars:
  - March 16, 2016: An Introduction to OP-33
  - April 20, 2016: Imaging Measures Tutorial, presented by the Lewin Group
- Notifications of additional educational webinars will be sent via ListServe.

Learning Objectives

At the conclusion of the program, attendees will be able to:

- Identify the measure updates for 2016.
- Describe the function and uses for two of the Hospital OQR reports in QualityNet.
- Locate the educational tools on the support contractor's website.
- Appropriately answer the measure questions presented in this webinar.

Hitting the Highlights: Changes, Reports, Tools, and FAQs

Pam Harris, RN, BSN
Project Coordinator
Outpatient Quality Reporting
Outreach and Education
Support Contractor

OP-29, OP-31, and OP-33

MEASURE UPDATES

OP-29

- OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
  - Denominator change: “50 years and older” was changed to “50-75 years of age”
- Web-based submission tool
  - This denominator change is not given as an option via the web-based submission tool.

OP-31

OP-31: Cataracts–Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Voluntary reporting
- Web-based submission tool: This measure will display as "Incomplete" unless data are entered.

OP-33 (1 of 2)

- OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)
- Percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive EBRT with an acceptable fractionation scheme

OP-33 (2 of 2)

- Denominator Criteria:
  - All patients regardless of age
  - Bone metastases diagnosis codes: C79.51, C79.52 ***and*** CPT: 77402, 77407, 77412
- Hospitals reported difficulty establishing the population based on the previous codes.

PROGRAM REVIEW

Final Rule Review (1 of 2)

- The CY 2017 payment determination will utilize a three-quarter validation cycle.
  - This will include: Q2 2015, Q3 2015, and Q4 2015.
  - This data collection change will only affect the 2017 payment year, this will be a one-time change.
- Clinical Data and Population and Sampling submission deadlines will remain unchanged.

Final Rule Review (2 of 2)

- The data submission deadline for all the web-based measures is now May 15, 2016.
- The deadline for submitting a Reconsideration Request is the first business day on or after March 17 of the affected payment year.
- The deadline for withdrawing from the OQR Program is August 31st.

Hospital Compare (1 of 2)

- The preview period for the April release was from January 16–February 14, 2016.
- The Overall Hospital Star Rating has been added for the April release.
  - For questions regarding this rating, contact: cmsstarratings@lantanagroup.com.
- Measures OP-6 and OP-7 are no longer reported.
- Imaging Efficiency measures and the Web-Based measures are not updated with the April release.

Hospital Compare (2 of 2)

Emergency Department Volume (EDV) is based on the volume of patients submitted as the denominator used for OP-22.

- Very High – Values greater than 60,000 patients per year
- High – Values from 40,000 to 59,999 patients per year
- Medium – Values from 20,000 to 39,999 patients per year
- Low – Values below 19,999 patients per year

OQR PROGRAM REPORTS

OQR – Claims Detail Report

Purpose: To monitor the Medicare claims submitted by your facility that are in the OQR Program population within a certain quarter

- Medicare Fee-for-Service claims that have been finalized
- Ability to monitor claims submitted in final action status
- ED-Throughput claims are excluded

Sample Claims Detail Report

Report Run Date: 02/03/2016

Page 1 of 1

Hospital Reporting – Claims Detail Report – Outpatient
Provider: XXXXXXX
Encounter Quarter: 04/01/2015 – 06/30/2015
Measure Set: All

Data As Of[1]: 06/04/2015

330009 BRONX-LEBANON HOSPITAL CENTER – CONCOURSE DIVISION, BRONX, NY

Beneficiary Claim Number[2]	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
XXXXXXXXX	05/26/2015	05/26/2015	OQR-PAIN MGMT	XXXXXXX	XXXX	XX/XX/XXXX	F
XXXXXXXXX	06/24/2015	06/24/2015	OQR-PAIN MGMT	XXXXXXXX	XXXXXXX	XX/XX/XXXX	M
XXXXXXXXX	04/20/2015	04/20/2015	OQR-SURGERY	XXXXX	XXXXXXXX	XX/XX/XXXX	M
XXXXXXXXX	05/05/2015	05/05/2015	OQR-SURGERY	XXXXXX	XXX	XX/XX/XXXX	F
XXXXXXXXX	06/15/2015	06/15/2015	OQR-SURGERY	XXXXXXX	XXXXXX	XX/XX/XXXX	M

[1] The Data As Of Date displays the date of the last time claims data was loaded for the Provider.

[2] The Beneficiary Claim Number column will be updated monthly until approximately 15 days prior to the submission deadline for that quarter.

"*Please note: The report includes only Medicare Fee for Service claims that have been finalized. Claims related to the OQR ED-Throughput population are excluded from this report."

Provider Participation Report

Purpose: To monitor a hospital's compliance with program requirements

- Displays summary information of cases accepted into the CMS Clinical Data Warehouse
- Updated nightly with all data submitted and successfully processed the previous day

Sample Provider Participation Report

Report Run Date: 02/04/2015

Hospital Reporting - Provider Participation Report - Outpatient

Payment Year: 2016

State IC
Provider ID
Provide
Provider City: ARTESIA
Active QualityNet Administrator: Yes
Completed Structural Measures: No
Selected for Clinical Measure Validation: No

Notice of Participation Form Signed Date: 12/12/2007
Withdrawal or Non-Participation Date:
Medicare Accept Date: 04/01/1972

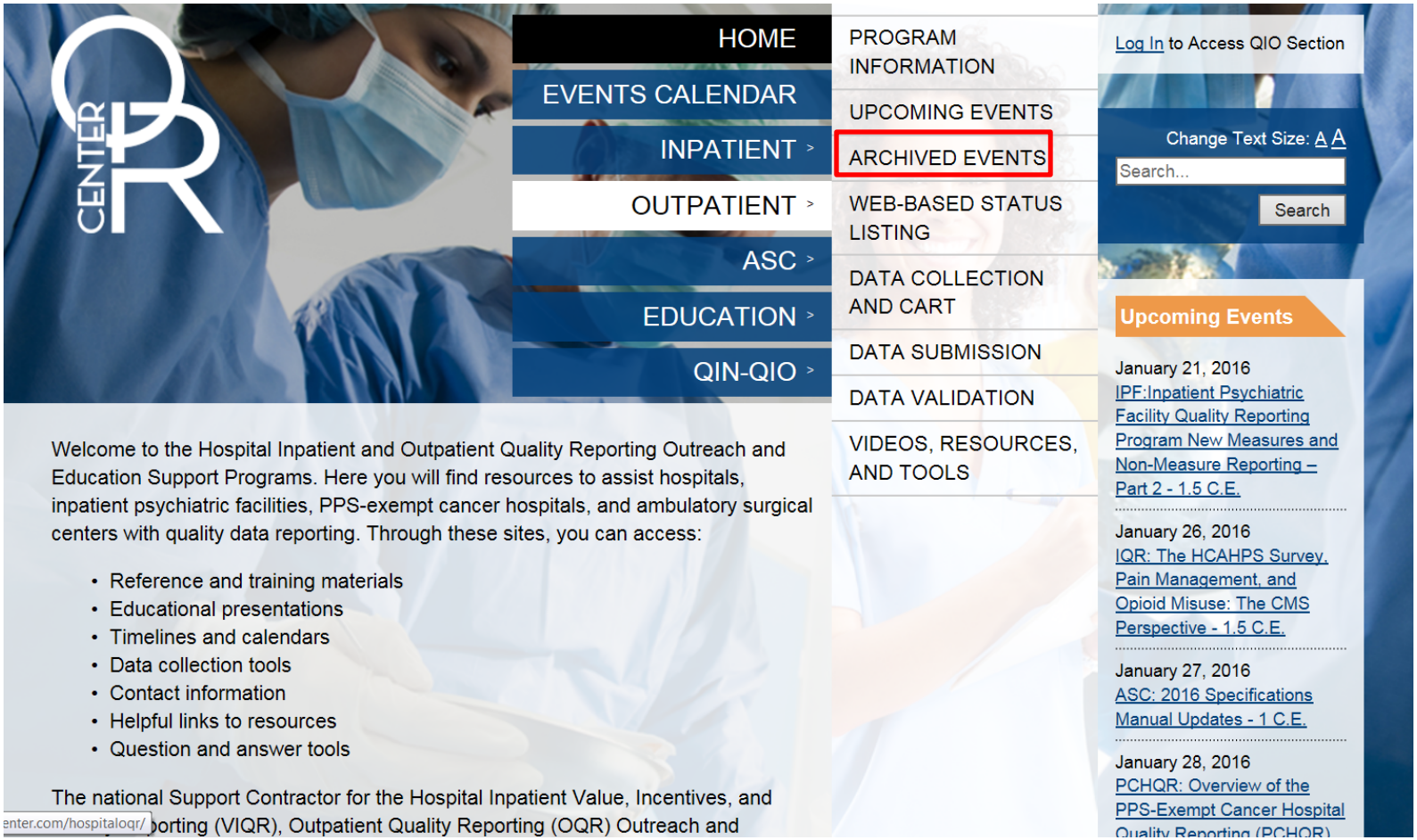
Encounter Time Period	Outpatient Population[1]	Sample[1]	Total Cases Accepted by Submission Deadline[2]	Total Medicare Claims[3]	Maximum Encounter Date from Claims[4]
Q3 2014					
OQR-AMI	5	0		2	09/11/2014
OQR-CP	9	9		5	09/24/2014
OQR-ED	3357	104		512	09/30/2014
OQR-PAIN MGMT	30	30		1	07/21/2014
OQR-STK	4	0		1	09/08/2014
OQR-SURGERY	13	13		8	09/26/2014
Q4 2014					
OQR-AMI				1	11/14/2014
OQR-CP					
OQR-ED				369	12/17/2014
OQR-PAIN MGMT				5	11/30/2014
OQR-STK				3	11/16/2014
OQR-SURGERY				4	11/25/2014
Q1 2015					
OQR-AMI					
OQR-CP					

POLLING QUESTION

Support Contractor Website

www.qualityreportingcenter.com

Quality Reporting Center (1 of 4)



Quality Reporting Center (2 of 4)

OQR – Final Rule Webinar - 1 C.E.

Date: November 18, 2015

Description: This presentation will be presented by the Centers for Medicare & Medicaid Services (CMS), and will discuss the calendar year (CY) OPPS/ASC Final Rule, focusing on the Hospital OQR Program.

Meeting Objectives:

- Find the CY 2016 OPPS/ASC Final Rule text.
- Identify the final measure changes to the Hospital OQR Program.
- List final policy changes to the Hospital OQR Program.

***Note**: The 2 p.m. ET session offers Relay Conference Captioning (RCC). To use this feature, please contact Hospital OQR in advance at oqrsupport@hsag.com*

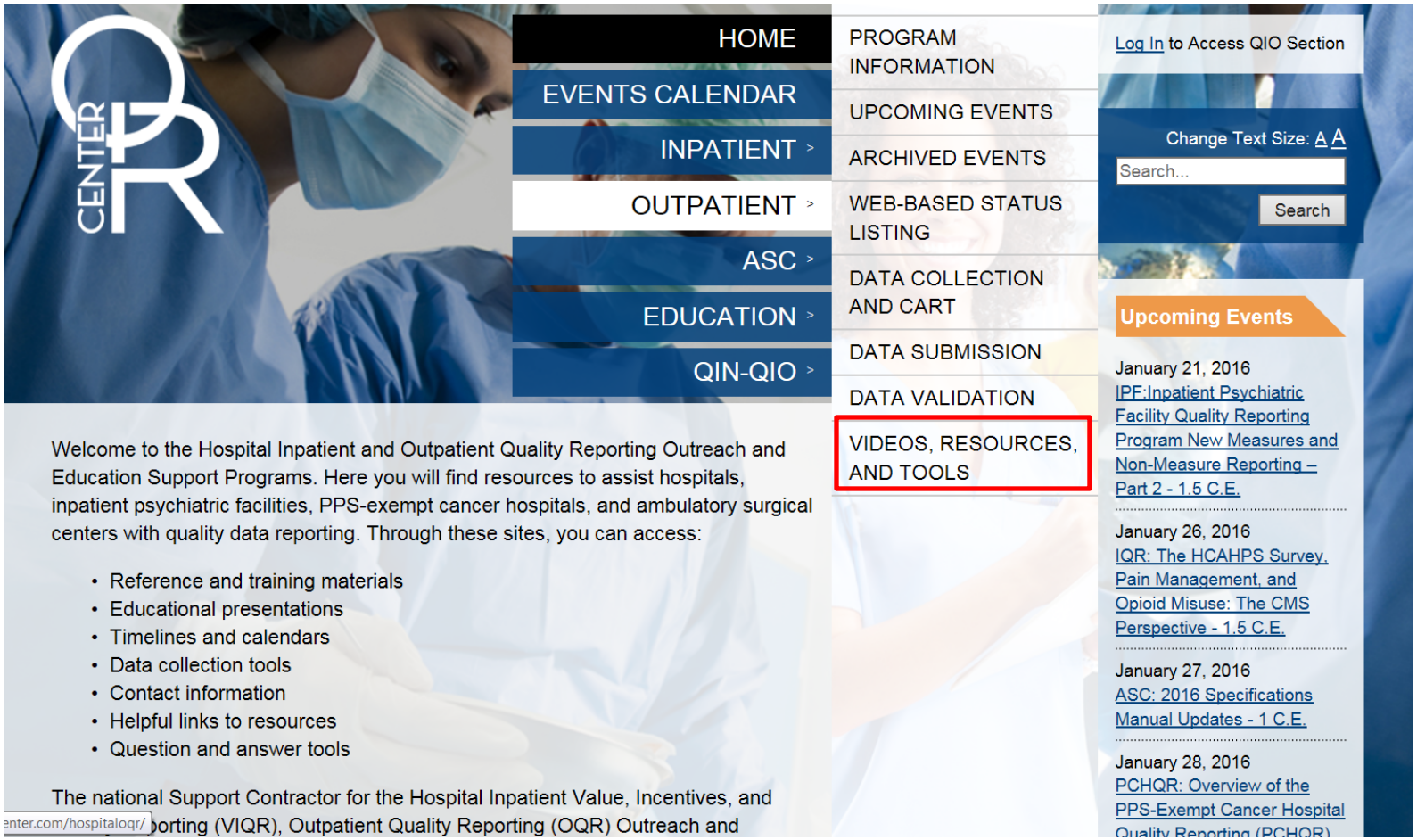
Speaker(s)

- Elizabeth Bainger, MS, RN, CPHQ
  Program Lead, Hospital OQR, CMS
- Vinitha Meyyur, PhD
  Measures, Lead, Hospital OQR, CMS

Documentation

- Registration Flyer
  Register for AM / Register for PM
- Presentation Slides
- Recorded Webinar
- Event Transcript
- Q&A Transcripts – AM / PM

Quality Reporting Center (3 of 4)



Quality Reporting Center (4 of 4)

Videos, Resources, and Tools

Home » Hospital OQR Program » Videos, Resources, and Tools

Videos

The video library contains short educational videos on key concepts in the Hospital OQR program. Click any link in the table below to view a video.

Title (click to view video)	Description
Logging In to QualityNet	Learn how to log in to the QualityNet.org website to access and report OQR data.
Accessing and Understanding the Medicare Claims Details Report	Learn how to access the Medicare Claims Details Report, and understand the data presented on this report.
Becoming a Security Administrator (English)	Learn how to fill out the SA form

FREQUENTLY ASKED QUESTIONS

Outpatient Encounter Date

Question:

- If there are two Emergency Department (ED) visits on the same day and both visits are rolled into one claim, which visit would you abstract?

Outpatient Encounter Date Answer

Answer:

- If two ED visits on the same day are rolled into one claim, abstract the first chronological encounter that meets the inclusion criteria for the population.

Pain Management

Question:

- The patient has a physician order for pain medication but no documentation that the medication was given. Can the time the order was written be used in abstraction?

Pain Management Answer

Answer:

- No, an order for pain medication is not sufficient documentation that the patient actually received the pain medication.

ED Departure Time

Question:

- The patient had an inpatient admission order written at 1350. The patient was transported to the floor at 1422. At 1445 an order was written to change the patient admission status to Observation. What time should you use for *ED Departure Time*?

ED Departure Time Answer

Answer:

- The time you would abstract for *ED Departure Time* would be1422. This is the time the patient physically left the emergency department.

QUIZ TIME

Arrival Time

Question:

- The patient arrives by ambulance and has an ECG done in the ED at 1253, an IV and O2 are recorded at 1300, and there are Nurses Notes documented at 1303. A note on the EMS run sheet indicates the patient arrived to the ED at 1240. What is the correct *Arrival Time*?

TEST QUESTION SLIDE

Arrival Time Answer

Answer:

- You would abstract 1253; this is the earliest documented time the patient arrived in the ED. You cannot use the EMS run sheet as a time of arrival.

Against Medical Advice (AMA)

Question:

- Our ED uses “Left AMA” when the patient leaves the ED after triage but before contact with provider, and no AMA forms are completed. How should I abstract this?

AMA Answer

Answer:

- In order to select AMA, there must be explicit documentation that the patient left against medical advice, as defined in the Specifications Manual.

Colonoscopy

Question:

- For OP-29, if there is documentation of a medical reason for a repeat colonoscopy in less than 10 years, such as diverticulitis or history of colon cancer, but it is not specifically stated as the reason for repeating the colonoscopy in less than 10 years, can it be used as documentation of a medical reason?

Colonoscopy

Answer:

- Yes. The reason for a follow-up in less than 10 years does not need to be explicitly stated in the same statement as the actual follow-up interval. If there is documentation of a medical reason, such as the examples in the question, and the follow-up interval documented in the colonoscopy report is less than 10 years, it is acceptable as documentation of a medical reason for not recommending at least a 10 year follow-up interval.

Colonoscopy

Question:

- The OP-30 Measure Information Form states “History of colonic polyps” is not an acceptable reason to exclude cases from the denominator. If there is documentation indicating a "large polyp was removed one year ago, in for follow-up” or “multiple polyps were removed during last colonoscopy a year ago,” how do we abstract these cases?

Colonoscopy

Answer:

- A history of colonic polyps cannot be used to exclude a case for a medical reason because that is one of the denominator inclusion criteria.

Summary

- Measure updates
- Program review
- Hospital OQR Program reports
- Resources and tools available on www.qualityreportingcenter.com
- Frequently asked questions

Questions

CONTINUING EDUCATION CREDIT PROCESS

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

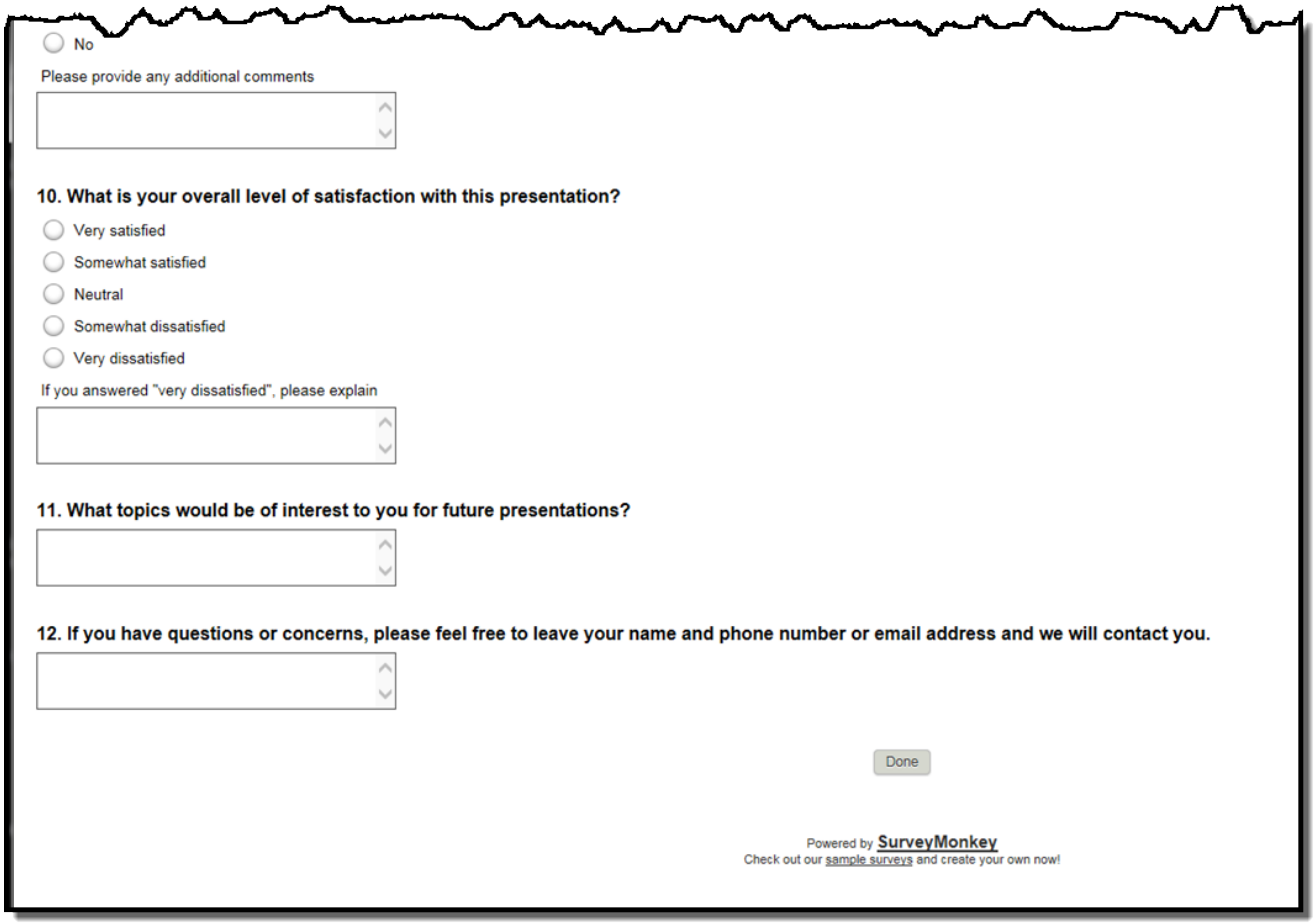
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- Personal emails are not blocked by firewalls.

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

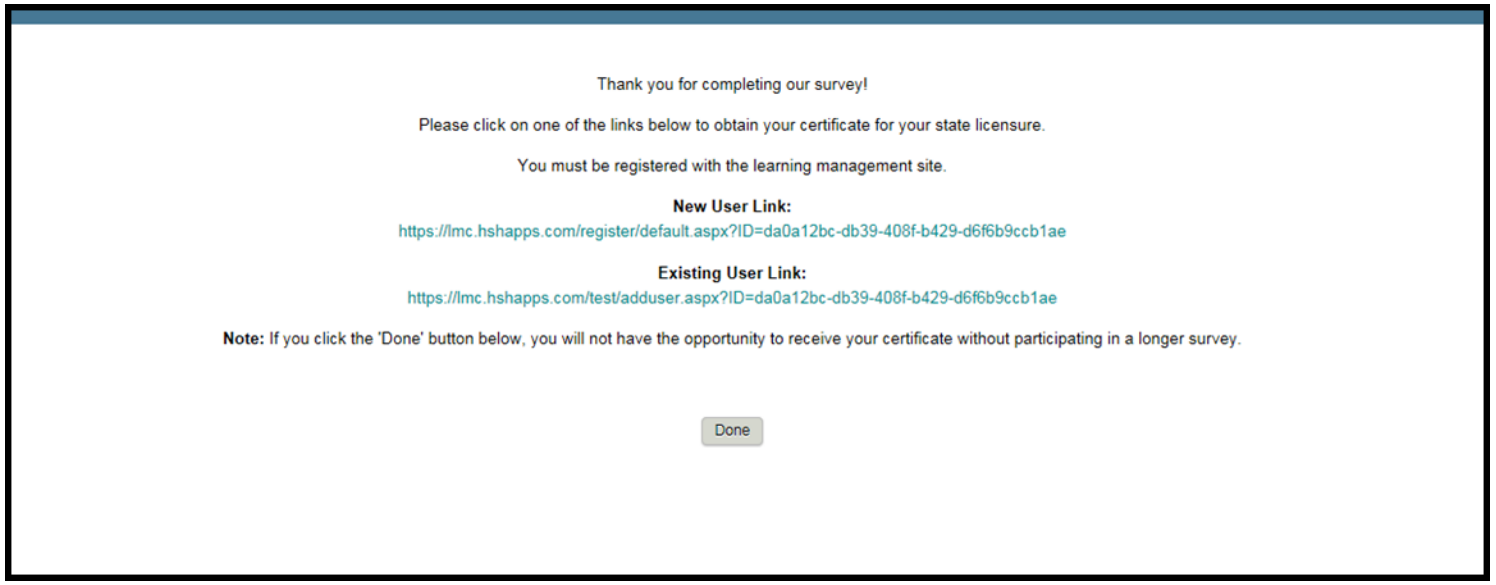
11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

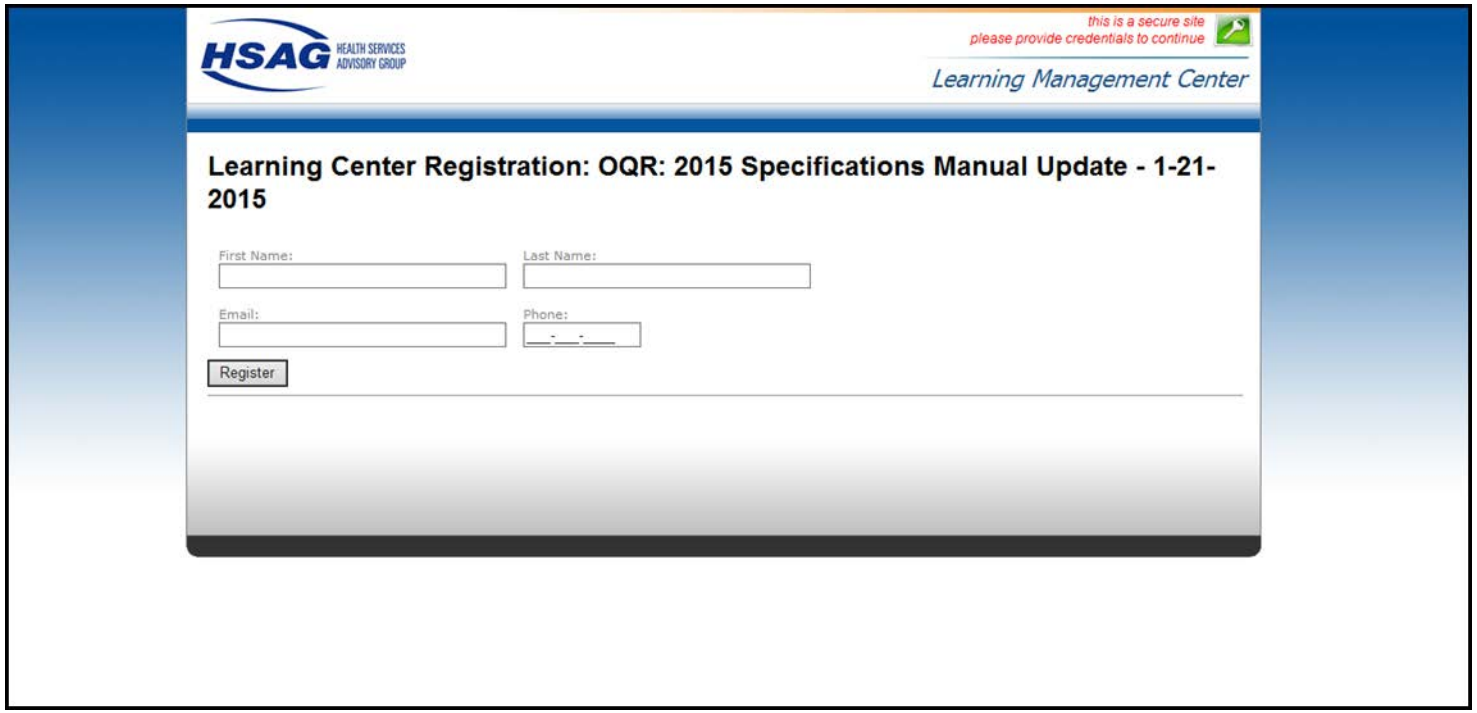
Done

Powered by SurveyMonkey
Check out our sample surveys and create your own now!

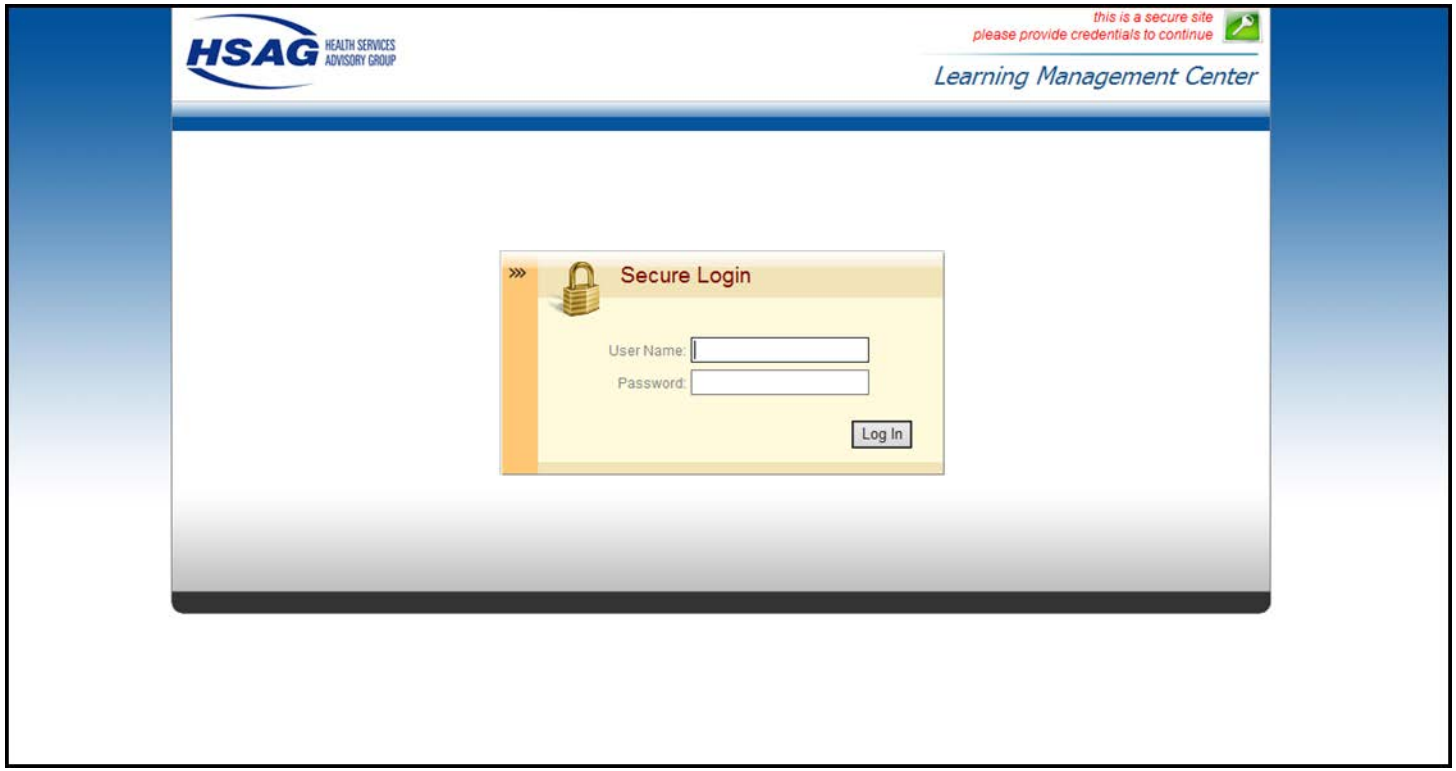
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.