Hospital OQR Program Treasure Hunt: Valuable Tools for Successful Reporting

Presentation

Moderator:
Karen VanBourgondien, BSN, RN
Education Coordinator, Hospital OQR Program Support Contractor

Speaker:
Pam Harris, RN
Project Coordinator, Hospital OQR Program Support Contractor

April 19, 2017

Karen VanBourgondien:	Hello and welcome to the Hospital OQR Webinar. Thank you for joining us today. My name is Karen VanBourgondien, an Education Coordinator for the Hospital OQR Program. Today's webinar will be outlining and showing you some valuable tools you can use to be successful in reporting for this 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. They were also attached to your Ready Talk invite that you received for this presentation. Our speaker today is Pam Harris, a Project Coordinator for the OQR Program. Pam has vast knowledge and experience and we look forward to what she will share with us today.
	Please join us on June 21; we will be presenting a Question and Answer style webinar addressing most of the measures for the program. In July, CMS will be presenting the Proposed Rule. There is not a definite date, at the moment, as that is dependent upon when this gets publicly posted. So, stayed tuned for more information on that it will be a great opportunity to see what is new and exciting for the program and CMS always does a great job presenting that information.
	Any information regarding program updates or educational opportunities will be sent via ListServe. If you are not signed up for that automatic email service, we highly suggest you can do so and you can do that on the home page of QualityNet.
	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 www.qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question please put that question in the chat box located on the left side of your screen. One of our subject matter experts will respond. By having live chat, we hope to accommodate your questions timely and have some real-time feedback. If your question does not get answered, please know that all questions and answers are posted on our website, again that is: qualityreportingcenter.com. Now, let me go ahead and turn things over to our speaker, Pam Harris. Pam?

Pam Harris: Good day to everyone, I'm so glad you were able to join us. Today, we are going to discuss some tools that are available to you that will assist in the successful reporting of this program, and there are lots of help tools if you know where to find them. So, I'm going to take you on a virtual treasure hunt. And, for this treasure hunt, we are going to find the jewels that can help you complete the Outpatient Quality Reporting Requirements. So, our first gem is the Quality Reporting Center website. This is www.qualityreportingcenter.com.

This website has so much information and we definitely don't have time to go through the entirety of it. So, we are going to narrow our focus and discuss the general categories listed on this slide. So, when you log into qualityreportingcenter.com, you will see this home page. Hover your curser over the blue **Outpatient** tab; you will see a side drop-down menu in white open. I've got it circled in red. These white tabs provide you with the information categories available for the outpatient quality reporting program. I'm going to go over several of these, but not all of them. But, it is well worth your time to explore the tabs. Every time I mention a new category, as we discuss them, keep in mind it is from this menu drop down box from the home page of qualityreportingcenter.com that we are going to be referencing back to. So, it's always from the home page.

Notice, also, that there is an orange banner on the far right hand side that indicates "**Upcoming Events**". Now we will talk about that later in the presentation. So keep the orange banner and the drop-down menu options in mind as we proceed. Now, the first tab I want to show you is the top tab: **Program Information.**

When you click on **Program Information** from the menu we just talked about on the previous page this is the page that will display. Now, this is a very long page with lots of information and here I am showing you only the top part of the page. What I want to show you on this page is a printable "**Important Dates**" calendar, so roll down toward the bottom of the page until you get to the **Timesheet Heading.** Now the "Important Dates" calendar is shown on this page, but I like a printable one. So, go to the red arrow and click on the blue link that says **CY 2018**; this will give you a printable **Hospital OQR Important Dates** calendar. Now, this calendar has the OQR Submission Deadlines, Encounter Dates and Encounter Quarters, and this is just a partial view of that printable copy. This information is updated annually, and, if there is any change from the submission deadlines, you will be notified by ListServe. Okay, so,

pretend that you are back looking at that drop-down menu again, and this time you selected **HOQR 101**. This is the page that will display. In the first section of this page, you will see that there are videos. I like these videos because they are short, sweet, and to the point. Each is about 6- 8 minutes long. If you need quick knowledge, this is the place. There are three titles: *Becoming a Security Administrator, Logging into QualityNet*, and of course, my favorite *Accessing and Understanding the Medicare Claims Details Report*. Now, let's look at the lower part of the page, under Resources. You will notice the first tab "**Successful Reporting in the Hospital OQR Program.**" This is a great booklet that goes over the Hospital OQR Program and how to report. It is great for somebody new to the Hospital OQR program. The second tab, **Hospital OQR ListServe**, is a link that will take you out of Quality Reporting Center site, to the QualityNet to sign up for ListServe. But we will talk about that in just a minute when we discuss QualityNet.

So, moving on, remember that orange banner I pointed out to you earlier for upcoming events? Well, if you saw this event there, you would be able to click on that and it would take you directly to that event where you could register. Otherwise, in the white drop-down menu, you could click on "**Upcoming Events**". Either choice will bring you to the area where you can register for an event. You can see the registration flyer and direct registration links here in this red box. Please also note, usually one week before an event, you will be able to view and download the presentation slides. So, what if you want to look at an event that has already passed?

Archived Events are a listing of every webinar presented for the Outpatient Quality Reporting program. They are listed in descending date order. This means that the most recent webinar is on the top. And, if you scroll down to the bottom of the webinar information —remember this box? — you will see, under *Documentation*, that we not only post the registration flyer, registration links, and the presentation slides before the webinar, but after the webinar we post the *Event Recording*, the word-for-word presentation transcript, but we also post all the questions and the answers that came in during the presentation. Now, let me introduce you to a **Lookup Tool** which will allow you to check the submission of your web-based measures.

So, if you were to click on **Lookup Tool** on that drop menu drop-down, this is the top of the page that will display. You can receive the status of your facility's data submission via the web-based tools. Also, it will inform you if your facility has an OP-32 claims detail report in your secure file transfer. So, to start, roll on down toward the bottom of the page. You would then put your CCN number in the designated area and hit "Enter" and your submission information will show. But, understand that this data base is not a live-feed into QualityNet's system. So, it takes an update for data to be viewed. So, how do you know when the last update was completed? Well, look at the purple arrow; "Data Last Updated" is right there. And, yes, it has been updated from when I made this slide. So, let's say you submitted your web-based data on April the 29 and, then, on April the 30 you wanted to check to make sure that your data was in. So you go to the look up tool and you see that the Last Data Update was April 28. Guess what? Your data is not going to show until the site is updated again. So, just

check back. As submission deadlines get closer, this report is updated more frequently. Or, you can call the Help Desk and they can check for you.

Okay, back to where you put in you CCN number. Once you hit enter, the Web-Based Measure Information data will show. You can see that everything has been submitted by this facility except for OP-31. And, that is OK because OP-31 is a voluntary measure.

You can also "Look up" if you have a report for OP-32; this is the Seven-Day Risk-Standardized Hospital Visit Rate after an Outpatient Colonoscopy measure.   This is right under the tool we just talked about. Again, you just put your CCN number in the space provided.

And, this page will display informing you that your facility does or does not have an OP-32 report. Now, this report is called a Claims Detail Report. Please keep in mind this is completely different from a Claims Detail Report you run in QualityNet, which I will discuss with you shortly. But, now that I have brought up OP-32, and we have gotten a lot of interest in this measure, let's just touch on this briefly.

OP-32 is the Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy measure. This data collected is facility specific. Now, this is a Claims Based measure that will be publicly reported in December of 2017 for Payment Determination of 2018. So, how do you know your facility's score? Well, the OP-32 Claims Detail Report will be available to the QualityNet Secure Administrator at three stages prior to the final measure calculation and public reporting. This is available through your Secure File Transfer in QualityNet. And, if you have a question; if you have a report available, then you can put in your CCN number in the OP-32 Lookup Tool. Now, I noticed most of you noticed the NAME of the report being the CLAIMS DETAIL report, but, again, this Claims Detail Report only speaks to OP-32. The other Claims Detail Report in QualityNet has not changed. Now, I have put in the link to colonoscopy measure OP-32 in QualityNet in case you want further information on this measure. So, let's go back to the home page.

Now that you have clicked on that "**Tools And Resources**" tab, this is the page you will see. Now, the first section of this page, you see here is **Program Resources**. And, the little jewel I want to bring your attention to is the Hospital Contact Change Form. If you have a change in administration or quality, or contact individuals, we don't automatically know this. Getting you the most updated information is a priority for us, but we can only do that if we have the correct information from you. So, if there is a change, then fill out the form and send it in. There is a secure FAX number on the form for your use.

Our next golden pick that is on this same page is Measure Resources. Just look at the first row — **NHSN: Preparing for Data Submission**. This link gives you information on how to add new users and Facility Administrators. There is even a sample form to use for OP-25 from the World Health Organization Surgical Safety Checklist. Moving on to the **Measure Guidelines and Tools**; the top four rows gives guidance for abstracting charts and the last two rows help with

submitting data for the web-based tools. And, now, as you continue down the Tools and Resources page, the next section is information regarding the endoscopy measures. And these resource tools will assist you in abstracting and figuring out what to do for real life situations. Again, more jewels to gather. So, we continue down the Program Resource page (I think I did mention how long this page was) and we come to the **Collection Guidelines and Tool** for OP-31. The flowchart and the fact sheet for OP-33, and the Proposed and Final Rule links that govern the Outpatient Quality Program. So, once again, there is a lot of information on this website. Please take the time to check it out.

As we have reviewed the jewels of QualityReportingCenter.com, now let's look at the gold at the QualityNet website.

The QualityNet website has tons of information as well, but we are going to narrow our focus to the subjects listed on this slide. This is the home page of QualityNet and of course you can get to that by going to www.qualitynet.org . If you hover your cursor over "Hospitals-Outpatient" tab, this drop-down menu will appear. You can see that there is a lot the variety there. But, we will just be talking about two of these tabs. The first one: **The OAS CAHPS** and you can see that circled in red, and the Specifications Manual— I put a red square on that one. Now, remember, where this red circle and red square are because I'm going to take a slight detour. So, let me draw your attention off the drop-down menu and notice that third blue box on the left, next to the red arrow. This is how you sign up for ListServe. Now ListServe is an automated email service which will keep you informed on what's going on with the program. If you clicked on that "**Join ListServe Notifications and Discussions"** the blue link there, it will take you straight to the ListServe Registration Area. Just fill out the User Information, under Program Notifications, select what programs you want to be notified about, then roll to the bottom of the page and hit the submit button. It will literally take you less than five minutes. This will notify you of any change in the program deadlines, educational opportunities, and just general information about the program.

Okay, remember the home page, and I had circled the OAS CAHPS, so, if you have questions or inquiries about the new survey measures OP-37, this is where you would click on that link. When you click on that, this page will display. Now, I want to point out because even though this measure does not come into effect until Payment Year 2020, facilities are trying to gather information so they can acquaint themselves with these new measures, make choices in vendors, you know, just knowing what's going on. And, if you click on the OAS CAHPS SYRVEY website, — see the link circled in red? —it will take you out of the QualityNet website and redirect you to the OAS CAHPS survey website. Now, I just wanted to show you where to find this information, because there have been a lot of questions asked about this upcoming measure. Another golden treasure to collect, is the current Specification Manual, remember the red square from the previous slide? From that same drop-down box we saw on the home page you will select **Specifications Manual.** And it will take you to the Specification Manual page, and then you can select the version based on the data collection time period. For the 2016 patient encounters, you will use the various versions of the Specifications Manual. You should keep this handy.

This manual was developed to provide a uniform set of quality measures that reflect the Final Rule. The Specification Manual is your guide to the Outpatient Quality Reporting Measures.

The other wonderful jewels on the QualityNet website are the Reports that are available for you. These reports are invaluable and allow you to keep a check on your progress and data submissions. There are lots of reports available to you on QualityNet. Today we are going to discuss the ones that are seen on this slide. If you want more information and details on running reports and different kinds, you may wish to view a webinar we did which was dedicated to reports only that you could run on QualityNet. You can find that in the Archived section of qualityreportingcenter.com.

For those that have not run reports before, we are going to take a few minutes and I will show you how to get to the reports. So, our first report we are going to run is a Provider Participation Report or a PPR. So, sign in to QualityNet and this is your home page. And then select **MY REPORTS**, I have it circled in red. There will be a drop down menu and then select Run Reports. Then, under "**I'd Like To,"** you would select Run Reports; you would then come to this page. Go down toward the bottom of the page and from the Report Program tab, select OQR, and then from the Report Category tab select Hospital Reporting Annual Payment Update Report. Then look to the right of the Report Category and —see that red arrow pointing to the blue box with **View Reports**? — click on that tab. And you will have all the Annual Payment Update Reports that you have access to, displayed here. Now my list of Annual Payment Update Reports that is shown on this slide may differ from your list of reports, but all facilities will have a Claims Detail Report and a Provider Participation Report. So, select the **Hospital Reporting Provider Participation Report**, or PPR. So, on this page, you will select what payment year you would like to see. And, if you are asking for the 2017 reporting year, then that's 2016 data, reported in 2017 for payment in 2018, so you would pick the **Payment Year of 2018**. Then, select **Run Report**. Then you will get, what I call, the Thank You page; it's such a polite page— see the top line? —Thank you, Your Report Request has been submitted. Now, let's look at the report. So, click on **Search Reports**. Now, I want you to notice the big blue arrow, it's pointing to the Status Column. If the Status Column shows anything other than a green check, then that means the report has not completed gathering the data for you. Depending on the amount of information you have requested in a report, like some of the detail reports, added to how busy the QualityNet Website is, like around a reporting periods, a report can take several hours to accumulate the data for your report. So you can tell that this report is not complete. There is no green check.

So, you went to lunch and when you came back, the green check is in the **Status Column**, so the report is complete. You can click on the green "**download**" arrow for the report. See the red arrow. You can also just click on the magnifying glass if you just want to view the report. Now, this is a snap shot of the PPR report. Now, look under your first column, **Encounter Time Period**. Now, the encounter time period for this report is located on the gray bar just below that name. Then, below this, you will see each measure listed — see the green circle? The next two columns reference the Outpatient Population and

Sample data. We are not going to speak to these today. What we are going to concentrate on today are the next two columns: "Total Cases Accepted by Submission Deadline" and "Total Medicare Claims". Now, **Total cases accepted by submission deadline**, this is the sum of the total number of cases, by measure set, and by discharge quarter, that were successfully submitted and accepted into the warehouse by the submission deadline. So, this is data that you have submitted. This column would be blank for any measure set that has no data accepted. On this report, this column is blank because it was run before the submission deadline and data had not been entered. The **Total Medicare Claims** column displays the total number of Medicare Claims by measure for the quarter. This is updated monthly. This column is locked down for respective quarters about 15 days prior to the submission deadline for that quarter. If you have no claims submitted, the **Cases Accepted By Submission Deadline** will be blank.

The update schedule for the **Provider Participation Report** is nightly. If you submit your data on Monday, it will not show on the PPR until Tuesday, and it may be longer for the update on other reports. So, your PPR is going to be the most up to date report. Now, if you want to run other reports, you would follow the same general step process just the report category changes depending on what report you want to submit. As time is short, let me quickly go over a few more reports that I find helpful. The **Claims Detail Report** is a very detailed report; this report provides the hospital with data regarding quarterly claims submission. Each patient is listed out individually on the report. So, this report can take a long time to run; just wanted to warn you not to expect immediate results. This report is also under the **Annual Payment Update Reports**; now this report only shows Medicare Fee for Service patients. Also, remember that due to the high number of **Ed Throughput** claims, they will not be displayed on this report.

Now the **Submission Detail Report**, you will find this report under the "**feedback**" category. And, yes, there is that word detail again, and, yes, this is a very detailed report. It is under the **Feedback Reports** and this is a great report for our CART users. This report will show each patient's information that was uploaded to QualityNet and if the data was accepted into the warehouse or rejected. And, if your data was rejected, it will show your error codes, or why it was not accepted.

Now, there is also a **Submission Summary Report**. This report gives you the same information as the **Submission Detail Report**, but it does not give the individual patient information. It will give you the number of charts that were accepted or rejected from the warehouse, and it does display the Error Codes. Again, great report for the CART users.

Boy, have we covered some information today! We talked about the quality reporting center website which I just a treasure trove of information. If you are not familiar with that site, please spend some time to see what is available for you. We also discussed the QualityNet website, discussed how to run reports and

we talked about a few of the reports that are available. QualityNet has a lot more reports available to you and that is an entire presentation all in itself.

So, that's all I have today, I hope this webinar gave everyone something they can use. So now let me turn it back over to Karen. Thank you.

Karen VanBourgondien: Thanks Pam, thanks for all of the great information. We do have a few minutes to take some questions, umm, I was looking in the chat box and I did pull some out that are pretty common questions, so I thought we would just go over those. So, Pam, the first question that I have is when will the next hospital compare preview report be available? Can you take that?

Pam Harris: Yes, that's a great question. The July 2017 Outpatient Hospital Compare preview reports became available April the 6. And you can access this report through QualityNet secure portal for any of the participating hospitals until May 5, 2017. Make sure that you download your report from the QualityNet secure portal because these reports will be removed from your QualityNet secure portal on May 5. So, if you don't have it downloaded, and saved somewhere, then you will not be able to obtain this report.

Karen VanBourgondien: Okay, thank you Pam. Here's another question. Is OP-32 a Claims-Based measure?

Pam Harris: Yes, it is a Claims-Based measure, OP-32, which is the Facility Seven-Day Risk-Standardized Hospital Visit Rate after an Outpatient Colonoscopy, and they use paid claims to calculate the OP-32. That's how they get your data.

Karen VanBourgondien: So, I guess a good ending to that statement is they don't have to actively report that measure; it is automatically extracted from their paid Medicare claims.

The next question I have is; what measures are mandatory for Critical Access Hospitals?

Pam Harris: Okay, for Critical Access Hospitals, the participation in the Hospital OQR Program is highly encouraged by CMS, but it is voluntary for CMS. That means there is no mandatory measure required for the Critical Access Hospitals for the Hospital Outpatient Quality Reporting Program. Now, some Critical Hospitals report portions of the Hospital OQR Program for their State requirements or the MB-QIP, but the Support Contractor can help answer questions on the Hospital OQR Measures. But, for the questions on the State requirements, or anything like that, you would have to contact the program itself.

Karen VanBourgondien: Okay, thank you, Pam. That's a great question.

Next question is: if I change jobs, will I still be able to receive my ListServes?

Pam Harris: Well, yes, ListServe will continue to the email address you have on file. So, if you change your email address with your new job, then you would need to re-register with ListServe with your new email address because that is how they contact you.

Karen VanBourgondien:	Okay, thank you, Pam. This is a great question we get asked a lot. What Specification Manual do I use for OP-26?
Pam Harris:	Yes, you're right; we do get that a lot. And it's because it's a little confusing. The OP-26, which is the Hospital Outpatient Volume on Selected Surgical Procedures, you will use the version for this reporting year; you will use the Version 9.1. Now, this version was updated in November of 2016, so if you are looking on Version 9.1 that you downloaded before November, then you need to go back to QualityNet and get that update because the codes are not published until that time because they are not released.
Karen VanBourgondien:	Thank you, Pam. So, that's all the time we have for questions today. We really appreciate you joining us I hope the information provided was helpful to you. I am going to turn things back over to our host to go over the CE process. We thank you again. Everybody have a great day.