Outpatient Quality Reporting Program

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

Presentation

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Karen
VanBourgondien: Hello, and welcome to the Hospital OQR Program webinar. Thank you for joining us today. My name is Karen; I'm the education coordinator for the Hospital OQR Program.

If you have not yet downloaded today's handouts, you can get them from our webwebsite at www.qualityreportingcenter.com. Go to the **Events** banner on the right side of the page; click on today's events. There will be a link there that will allow you to access and print the handout for today's webinar.

As you can see, we are live streaming in lieu of using only phone lines. However, some lines are available if needed.

Before we begin today's program, I'd like to highlight some announcements. January 1st started the submission period for web-based measures. That deadline is May 15.

And always, please be sure to keep your QualityNet password active. You can do this by logging in to the QualityNet Secure Portal at least every 60 days. If you do have issues with your password, contact QualityNet directly at the phone number you see here on this slide.

On March 16th, we will be presenting a webinar on OP-33. As a new measure, we know that everyone has a lot of questions. There have been some issues that have been brought to CMS' attention, and they have recently communicated some changes in the codes and denominator criteria. Please be sure to join us for this informative webinar.

On April 20th, the Lewin Group will present a webinar on the imaging measures. Additional webinars and educational opportunities will be forthcoming.   Notifications will be sent via ListServe by the support contractor. ListServe notification is our primary mode of communication with regard to this program.

The learning objectives for this program are listed on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at qualityreportingcenter.com 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. Again, by having live chat, we hope to accommodate your questions timely and have real-time feedback. Some of the questions that are entered during the presentation will be shared at the end.

Today's webinar is a combination of various topics and updates. We wanted to update you on some important program information and also have a short review session on some of the topics that we get a lot of questions about.

Let me introduce our speaker for today, Pam Harris. Pam has diverse clinical experience as well as experience in education, utilization, management, and quality. Pam is a project coordinator for the Outpatient Quality Reporting Program. Pam?

Pam Harris: Thanks, Karen. Hello everyone, and thank you for joining us today. As Karen said, we're going to be touching on the new, the updated, and the frequent questions. So let's get started with some updates for OP-29, 31, and 33.

OP-29 -- as you are aware, the denominator criteria for this was changed from 50 years and older to 50 to 75 years of age, changing the measure description and denominator statement from 50. This change is to better synchronize the OP-29 measure with the U.S. Preventive Services Task Force's age-based recommendations regarding follow-up colonoscopy. This will result in patients older than 75 years being removed from the initial patient population, instead of them being removed during abstraction based upon the physician documentation of the age being the reason.

In addition, to better synchronizing the measure with guidelines, this change will simplify abstraction because cases where patients are older than 75 will no longer need to be in the population. The QualityNet tool currently does not provide an option for this change when entering your data. You will still abstract under the new specification guidelines of 50 to 75; just realize this is not a specific option when you are entering your data.

For OP-31, the reporting of this measure is voluntary. If you open the window and do not enter any data, the system understands it as incomplete. The only way you can have this display as a complete status is to enter zeros. As this is a voluntary measure, answering or not answering has no effect on payment. But remember, any data entered will be publicly displayed on Hospital Compare.

For OP-33 – External Beam Radiotherapy for Bone Metastases, or EBRT – the description for this measure is seen on this slide. Essentially, this measure is assessing the percentage of patients with a diagnosis of painful bone metastasis and no history of radiation that receive EBRT with an acceptable fractionation scheme. This is a new measure for the OQR Program and encounter dates began on January 1st.

In the measure information form, or MIF, the updated CPT and HCPCS codes are displayed on this slide. The feedback from hospitals is that they were having difficulty capturing their population on the initial codes that were released, as these codes were physician-billed codes, and not billed within the facility. This is the reason for the updated CPT codes.

Right now, we are planning on presenting a webinar exclusively on OP-33 in March. Please join us for a more detailed discussion on this new measure.

Now, we have received many questions regarding some of the changes as described in the Final Rule and some other points, so let's take some time to go over some of the questions we've been receiving.

For the 2017 payment year, there will be a three-quarter validation cycle instead of the usual four quarters. This will be a one-time event and will involve Quarter 2 and Quarter 3 of 2015, and Quarter 4 of 2015. This would be for patient encounters from April 1, 2015 through December 31, 2015. The clinical data submission deadlines have not changed. The deadlines continue to be February 1, May 1, and August 1, same as always.

The 2016 Final Rule changed the submission deadlines for the web-based measures entered into QualityNet from November 1 to May 15. As you recall, OP-27, Influenza Vaccination Coverage among Healthcare Personnel, was May 15, and that deadline remains unchanged. In order to streamline processes, these dates were aligned. Now, all web-based measures have a submission deadline of May 15 annually.

To align the OQR Program reporting with the Ambulatory Surgery Center Quality Reporting Program, the deadline for submitting a reconsideration request was changed from the first business day of the month of February to the first business day on or after March 17 of the affected payment year. This will start in calendar year 2016 [Editor's note: The first payment year affected is 2018].

Also to align with the ASCQR Program, the deadline for withdrawing from the program changed from November 1 to August 31. This will began in calendar year 2016. If your facility chooses to withdraw from the OQR Program, then this should be done no later than August 31 of the affected payment year.

The preview period for the April release on Hospital Compare just ended on February 14. The overall hospital star rating has been added on this next

release. If you have any questions or concerns regarding the star rating system, please contact that contractor at the email address provided on this slide. They are the experts that will be able to assist you with any questions or concerns you may have.

As a reminder, surgical measures OP-6 and OP-7 are no longer being reported. Imaging measures will not be updated on this release but will be updated in July, as they are updated annually. The web-based measures are also updated annually in July. That July release will reflect calendar year 2014 data entered in 2015.

To review the ED volume, you can see the category assignments on this slide. The volume is based on the volume of patients submitted by your hospital as the denominator used for OP-22, ED- Left Without Being Seen. The last April release reflected calendar year 2013 data. The size designation was established by the expert panel to individualize small from large facilities to note performance differences.

We're going to switch over to the OQR reports available through QualityNet, and there are multiple reports available. But for today, we're going to briefly touch on two of the most popular reports. And that's the Claims Detail Report and the Provider Participation Report. These are frequently used for this program, and we do get quite a few questions about them.

We have also developed the short tutorial video that explains the Claims Detail Report. It is posted on our webwebsite, but we'll discuss that in a minute. For now, let's review these reports.

We're going to start with the Claims Detail Report. And there are a few things to know about this report. The first is that the Claims Detail Report is a tool for hospitals in identifying cases to abstract for each measure set.

Now this report will only include Medicare Fee-for-Service or Medicare Part A claims that are in final status. The other thing to remember about this report is that the ED-Throughput measure set is not included in the report due to the very high volume of claims submitted each quarter.

This is a sample of what a Claims Detail Report looks like minus, of course, the patient information. At the top middle of the page, you will have your provider number and the encounter quarter. On the left-hand side above the dark gray line is the "Date As Of," and I've put a red box around it. This is the date the last claims data was loaded for your facility, so you can look at this date and tell if this is the new report for you or not.

Remember, the Claims Detail Report is a tool to be used by hospitals in identifying the number of cases to abstract for each measure set and reflects the claims submitted to CMS for payment. If a patient shows up on this report that you cannot find in your Outpatient population, their admitting status may have changed.

An example of this would be when utilization review finds the patient was an Inpatient admission and their initial bill was resubmitted. It does take some time for this billing process. This is one of the reasons the report is used as a tool only. This gives the providers an idea of the number of charts to abstract, not necessarily the exact patients to abstract.

As we stated, this report will only have Medicare Fee-for-Service claims. However, data that is submitted to the warehouse by your facility is a combination of Medicare and non-Medicare cases.

Now, this report is sent to you three times per quarter: the beginning, the middle, and two weeks before the end of each quarter. As I mentioned prior, you can view a short tutorial video on our webwebsite qualityreportingcenter.com. You will find that under the **Videos, Resources, and Tools** tab, but we'll look at that in a minute.

Now, the second report we want to remind you of is the Provider Participation Report, or PPR. The Provider Participation Report is another wonderful 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 in the clinical data warehouse.

During the submission period, the PPR is updated nightly and will reflect your submission. This can assist you in making sure that your facility is meeting the requirements of the program because you can actually view what you have put in and what was accepted.

Now, this is a sample of a Provider Participation Report. At the top of the page, you will see your facility-specific information. But also note, within that information will be the active QualityNet administrator status, whether you have completed your web-based measures, and if you're being validated. All of that information is at the top of the report.

The second section of the report is measure and population information. Starting at the left-hand side, you will notice the measures that are to be reported. Moving to the right, the next heading is Outpatient Population. This is the number of Medicare and non-Medicare encounters for each measure that was submitted to the warehouse. If you see a zero here, then no population was submitted.

Next, the Sample heading displays the population that will be sampled for the program. In this sample report, you will notice the Outpatient population for the Stroke measure is "4," but the sample entered by the facility was "0." That is because they have five or fewer, and thus are not required to submit for that quarter's data submission.

Continuing on to the right of the slide, you'll see Total Cases Accepted by Submission Deadline. This is the sum of the total number of cases by measure set and discharge quarter that were successfully submitted and accepted into the warehouse by the submission deadline. This column could 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.

The Maximum Encountered Date from Claims column displays the most recent date of claims pulled. Again, this will be blank if no claims had been submitted for the measure set.

Remember that these two reports are only a small sample of the available reports to the QualityNet Secure Portal. If you would like more information on the QualityNet reports, then please check out the archived webinar on our webwebsite, qualityreportingcenter.com.

Now, we're going to stop here for a minute and conduct the polling question, so let me turn it back over to our wonderful host.

Matt McDonough: Thank you very much, Pam. We are going to do a polling question here in just a moment.

The question is this, "How would you – how would you characterize your level of knowledge about QualityNet reports?" Your four choices are "high," "medium," "low," or "zero."

We did have 750 responses exactly, and the large majority of you have a -- what you would consider a medium knowledge of QualityNet reports. I still bell curve there between high, medium, low. A couple of you with zero knowledge.

So we appreciate you sharing that feedback with us. That's always good for us to know the makeup of our own audience here. So again, thank you for sharing your knowledge on the that poll with us, but we're going to go ahead and turn things back to our presenter to continue the presentation today.

Pam Harris: Thanks to everyone for your response to the polling question. We appreciate your feedback so much. Now, a moment ago I mentioned our website. The address for this is seen on this slide.

This is quite a large website, so we won't be discussing everything. We'll just be touching on a few areas. But if you're not familiar with this website, please take the time to peruse through and see what's available to you.

This is the homepage of the qualityreportingcenter.com website. This website is for the Inpatient, Outpatient, and ASC Quality Reporting Programs. By placing your cursor over the blue **Outpatient** tab on the top of the page, a white menu will open to the right as displayed here. There is a lot of information available, but we will not be discussing all of these tabs. So please check on these later to see what's available to you. You will notice here that some of these areas of topics can also be found in the QualityNet website.

The first thing we're going to talk about is education. Above the box outlined in red, you will see **Upcoming Events**. You will also notice on the slide that there is an orange banner on the right side of the screenshot that says **Upcoming Events**. If you did miss something, you can always go back and view any webinar under the **Archived Events**. On that note, let's take a look at the **Archived Events** tab outlined here in red.

Once you've clicked on that **Archived Events** tab, you will see the previously presented educational events. This slide depicts the Final Rule webinar that was presented in November of 2015. If you continue to scroll down the webpage, you will see events given prior.

In addition to the presentation flyer, slides, and the recorded webinar, which also includes closed captioning, there will also be a word-for-word transcription. The transcriptions will be of the presentation itself and also all the Q&As that were entered in the chat box for both webinar sessions. You can see all of this displayed on this slide.

Now, let's move to the next section of the website so we can discuss some other resources. Once again, if you go back to the **Outpatient** tab we were discussing a moment ago, the drop-down menu will appear again. This time we're going to click on the **Video, Resources, and Tools** tab.

You will find the next few topics we're going to discuss under this tab. When you click on that tab, the top of the page that will display looks like what is displayed here. You can also see the "Logging in to QualityNet" and "Becoming a Security Administrator" video. This is a short tutorial for the

appropriate way to fill this paperwork out and log in to QualityNet. Above that video is the "Accessing and Understanding the Medicare Claims Detail Report." This informational video explains this report. We produce this report to assist facilities that have questions regarding the Claims Detail Report. All the tutorial videos are short, usually five to eight minutes long, so if you need quick help for a subject, look here.

There are other resources on this page located below the video section we are discussing. Take the time later to see what is there.

For the next section, we would like to go over questions that seem to be asked quite frequently. Maybe you've had the same questions, so it may be advantageous to go over some of the most common questions that are asked.

Here's one. "If you have two ED visits on the same day, and then both visits are rolled into one claim or under the same number, which one would you abstract?"

Well, if you have two ED visits on the same day that are rolled into one claim, abstract the first chronological encounter that meets the inclusion criteria for the population. If two ED visits on the same encounter date meet the inclusion criteria and are billed as two separate claims, both cases may be eligible for abstraction according to the sampling requirement. This information can be found in your Specifications Manual under the Grids heading, under the Data Dictionary tab in version 9.0A, page 2-6.

This question is on OP-21, Pain Management. "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?"

That's a no. The measure is the time represented in hours and minutes at which the earliest oral, intranasal, or parenteral pain medication is administered. An order for pain medication is not sufficient documentation that the patient actually received the pain medication. There must be documentation in the medical record of administration of the medication in

order to abstract "Yes" to this data element. If the time of administration is not documented, you should select "UTD" for this data element.

Let's look at departure time. "The patient had an Inpatient admission order written at 1350. The patient was then transported to the floor at 1422. At 1445, an order was written to change the patient's admission status to Observation. What time should you use for departure time?"

Well, we would not use the 1350 because that was an Inpatient order, not an Observation order, so you would not use this time. The patient leaves the ED at 1422, so that would be the time you use, as this was the time the patient physically left the ED. And you would not worry about the order once the patient leaves the ED. Just as a note though, if the admission order was changed from Inpatient to Observation before the patient left the ED, then you can use the Observation order time. But again, this is if the patient was still in the ED when the order was changed.

Now for fun, let's make the next question a test question that everybody can participate in. This question is on *Arrival Time*. "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 at 1240. What is the correct *Arrival Time*?" Let's stop here and see what everyone thinks the correct answer is. I'm going to turn things over again to our host for the test question.

Matt McDonough:What would be the correct *Arrival Time*? Is it 1240, 1253, 103 – or 1303 military time, or option four, I don't know. And that is a valid option if you don't know; please let us know that you don't know. But we don't mind taking your best guess on this one. Again, your answers are anonymous, we're not tracking individual responses.

We have 681 responses to this, and the overwhelming majority of you say that 1253 should be the correct *Arrival Time*. And the second most popular is 1240, and then followed by the other two options with a much smaller percentage.

So again, we appreciate your responses to this. We're going to go ahead and we'll turn this back to Pam who will be happy to cover the correct answer with us at this point. Thanks.

Pam Harris: Thanks so much for everyone's participation. That was great. And you would abstract the 1253 as this is the earliest arrival time. The patient has an ECG at that time. You do have a time documented at 1240 by EMS; however, you cannot use the EMS run time for *Arrival Time*.

Okay, AMA. We get a huge amount of questions on this one. Let's try: "Our ED uses 'Left AMA' when the patient leaves the ED after triage but before contact with provider, and no AMA forms completed. How should I abstract this?"

Well, in order to select AMA, there must be explicit documentation that the patient left against medical advice. Some examples of this are: progress notes state that the patient requests to be discharged but that discharge was medically contraindicated, nurses notes reflected the patient left against medical advice, and AMA papers were signed. A patient cannot be considered as AMA without having been seen by the physician, nurse practitioner, or PA. Patients who leave without being seen by a provider should not be considered AMA. They are, however, considered Left Without Being Seen.

Now, let's go to everyone's favorite, OP-29 and 30. This question is about OP-29. "If there is documentation of a medical reason for 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?"

The answer here is 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 like the examples in the question and the follow-up interval documented in the colonoscopy report is less than 10 years, you can take it as documentation of a medical reason for not recommending at least a 10-year follow-up interval.

The next question we're going to talk about is OP-30. A lot of questions come in this area the question speaks to. "For OP-30, the 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?"

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. The thing to look at is the details within the documentation. The physician is specifically referencing a large polyp found in the last colonoscopy one year ago or multiple polyps removed in the last colonoscopy a year ago. He is not stating a general history of colon polyps. These cases are very similar to the example of a "medical reason of last colonoscopy found greater than 10 adenomas or polyps" statement found in the OP-30 measure information form. If you know the last colonoscopy was less than three years ago and something like this is documented in the medical record, it can be used as a medical reason for an interval of less than three years. Medical reasons are at the discretion of the physician.

If you ever have measure questions, please utilize the Q&A tool on QualityNet. Your questions will be forwarded to a subject matter expert.

Well, we've covered a lot of information in this review session. We've discussed a few measure updates, Final Rule review, reports. We discussed the Quality Reporting Center website and went over some common questions. That's going to do it for me today, Karen. Back to you.

Karen VanBourgondien: Thank you, Pam. Thanks for all that great information. We really appreciate it. We do have some time. I think it'd be a good idea if we went over some the questions that have come into the chat box.

And the first question is, "When is OP-29 and OP-30 -- when is that submission due?"

Pam Harris: Thanks, Karen. OP-29 and OP-30 and all other web-based measures, including the 2015, 2016, and NHSN OP-27 employees' flu data, are due by the submission deadline of May 15. Please keep in mind that OP-27 is the only measure not submitted to the QualityNet online submission tool. That measure is reported through the CDC NHSN online submission tool.

All right. Here's one. "Is OP-33 chart abstracted or claims-based?" And I can answer that one. OP-33 is a chart-abstracted, web-based measure. This will be reported annually.

Now, all right. Karen, this one's for you. "If we view an archived webinar, can we get CEUs?"

Karen VanBourgondien: Thank you, Pam. That's a great question. No, you have to register and attend the webinar and take the survey in order to receive the CE. If you attended the webinar with someone, for example, if you're sitting in a room with someone, they'll get the email -- the survey by email. And they can forward that survey to you. You must complete that survey.

And please keep in mind that the surveys for any webinar are only open for about seven days. You must also be registered with the Learning Management Center, that's a separate registration than that of ReadyTalk. We do have detailed instructions after every webinar, so if you need further clarification, I encourage you to stay until the end of this webinar.

We have time for only one more question, and I'm going to pull this one because we get this asked really -- pretty much with every webinar. And the question is, "For the data submission period, the current data submission period, what manual version do we use for the OP-26 measure?" And the answer is, for the current submission period, you are going to utilize Specifications Manual version 8.1.

So that's all the time we have. Again, thank you, Pam, for all the great information you shared. I'm going to turn it over to our host for him to go over the CEU instructions.

Matt McDonough: Thank you. Today's webinar has been approved for one Continuing Education Credit by the boards listed on this slide. We are now a nationally accredited nursing provider and as such, all nurses must report their own credits to their boards using our national provider number. That number is 16578 and is listed here on this slide.

You can receive the CE certificate two ways. If you register for this webinar through ReadyTalk an event survey will automatically pop-up when the webinar closes. At the conclusion of the event survey, you'll be directed to a website where you may get your certificate.

If you did not register through ReadyTalk, we will also be sending out the event survey link in an e-mail to all participants within the next 48 hours. Also, if there are others listening to this event that did not register in ReadyTalk, please forward the event survey link to them. This will allow them to complete the event survey and receive their CE certificate.

After the completion of the event survey, you will click the done button located at the bottom of the screen. Once you click done, a registration page for the Learning Management Center will display. Please note, this is a separate registration than the link you use to register for the webinar. You must be registered in the Learning Management Center if you wish to receive your CE certificate.

Hospitals often have firewalls installed on their email systems. These firewalls may block certain e-mails from arriving. To avoid this, please use a personal email address such as Gmail or Yahoo when registering, as they are typically not blocked by hospital firewalls.

When you sign up to the Learning Management Center, you should immediately receive an email confirmation. If you do not immediately receive this confirmation after signing up, you may be experiencing a firewall or email filter issue. Again, to avoid this situation, we strongly recommend using Gmail or Yahoo for your registration email, as these will typically not be affected by these issues.

Support Contractor

This is an example of the event survey. Please note that this is not the actual survey for this event, but is a snapshot that illustrates what it will look like. The event survey should pop up at the end of today's webinar and will also be sent to all attendees within 48 hours.

When you finish the survey, click the **Done** button at the bottom of the page to proceed. When you click the **Done** button, you will see a screen similar in appearance to this one. It contains two links: one link for new users and one link for existing users.

If you've already registered in the Learning Management Center, attended previous webinars, and received CE certificates, click the **Existing User** link. If this is your first webinar for CE credit, click the **New User** link.

If you click the **New User** link, this is what the new user registration screen looks like. Again, please use a personal email address like a Yahoo or a Gmail address as those emails are typically not blocked by hospital firewalls. Also, remember your password; you will use it for all future Quality Reporting Center events.

If you click the **Existing User** link, this is what the existing user screen looks like. Sign in as an existing user, using your complete email address as your user ID as well as the password you chose when registering.

This concludes our program for today. We hope you've heard useful information that will help you in your reporting for this quality reporting program. Thank you again, and enjoy the rest of your day.

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