

Support Contractor

Hospital OQR Program Calendar Year (CY) 2018 Chart-Abstracted Validation Overview for Selected Hospitals

Presentation

Moderator:

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Speaker:

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Karen

VanBourgondien: Hi, everyone. Welcome to the Hospital OQR Validation webinar. Before we begin, let me just remind you that, due to the short duration of this presentation, CEs will not be offered today. We are fortunate to have the Validation Contractor here to offer their expertise on this subject. If you do have any questions during this presentation, please put them in the chat box on the left side of your screen, and a subject matter expert will respond to you directly. As a reminder, a transcript of the presentation and all of the questions with the answers received in the chat box will be posted on our website at www.qualityreportingcenter.com at a later date.

Today, our speaker is Alex Feilmeier. Alex has a bachelor of science in healthcare administration with an emphasis in pre-medicine, and is currently finishing the last semester of his masters of healthcare administration at Des Moines University Osteopathic Medical Center. Alex has been with Telligen since 2013 and has been involved with CMS under the Hospital Inpatient Quality Reporting Program for over three years. He has also worked with the Hospital Public Reporting Program as well as the Comprehensive Primary Care Initiative under the CMS Innovation Center. Alex has functioned alongside the validation team for the majority of his time with Telligen, and

Support Contractor

he and the rest of the validation team bring a vast capacity of program knowledge to the table.

So without further ado, let me turn it over to our speaker Alex. Alex?

Alex Feilmeier: Thanks, Karen. What we're hoping to accomplish today is to provide information to the hospitals that have been selected for chart-abstracted data validation for calendar year 2018 under the Centers for Medicare & Medicaid Services Hospital Outpatient Quality Reporting Program, which will make hospitals feel more informed and better able to complete the necessary data validation requirements.

> At the conclusion of this webinar, participants will be able to understand the calendar year 2018 Hospital OQR chart-abstracted data validation process as a whole; identify the deadlines and associated required activities relating to data validation for calendar year 2018; submit medical records requested by the Clinical Data Abstraction Center, also known as CDAC; and receive and interpret validation results.

CMS would like to ensure that chart-abstracted data submitted to the clinical warehouse is accurate, and that's the point of data validation. In order to ensure accuracy, the validation process involves a trained abstractor, using standardized protocol, re-abstracting a random sample of medical records for each selected hospital. CMS selects the hospitals for the OQR Program once per year, and that selection includes both a random selection of 450 hospitals as well as the targeted selection of up to 50 hospitals, which equals to total of up to 500 hospitals. It is possible for a hospital to be selected in consecutive years.

OQR calendar year 2018 data validation consists of the following quarters: first quarter 2016, second quarter 2016, third quarter 2016, and fourth quarter 2016. CMS will validate up to 12 cases for clinical process of care measures per quarter, per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The measures available to be validated in calendar year 2018 are indicated on the slide.

Support Contractor

The list of selected providers is posted on QualityNet, and it can found on the **Hospitals-Outpatient Data Validation** page. The list is located in the upper right side of the screen within a little box titled **Hospitals Selected for Outpatient Data Validation.** The data validation pages on QualityNet contain deadline dates and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Annually, for both the random and the targeted provider selections, a news article along with the list of selected providers is posted on QualityNet. A ListServe is released to notify the community that the selection has occurred, and the Validation Support Contractor also sends an email communication directly to the hospitals selected.

Hospitals that have been selected for OQR validation are notified by email communication. And this communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, Hospital OQR, Medical Records, and Quality Improvement. The Validation Support Contractor monitors all of these email communications sent to assure that all hospitals are notified when they're selected. And any bounce-back emails are researched, and the hospital contacts are updated within the CMS system to ensure that future notifications are received.

Keeping hospital contacts up-to-date is necessary to ensure any and all validation-related communications and submission deadline email reminders reach the appropriate staff at your hospital. Hospitals may check who is listed and make updates to their contacts by reaching out to the information provided on the slide.

The next three slides should help provide a high level general overview of the validation process, and more specific information will follow. So, quarterly, cases are randomly selected from data submitted to the clinical warehouse by the hospital. After those cases for validation have been selected for the quarter, the hospital receives a medical records request packet from the CDAC. The CDAC will mail a records request packet to the attention of the medical records director, which contains the detailed instructions and case listing. It typically takes 10 or more days after the quarter's submission

Support Contractor

deadline for this sample of cases to be selected and sent out. The hospital has until the date listed on the quarter's request to send their records to the CDAC. And quarterly, the hospitals then deliver the requested medical records to the CDAC, and the CDAC re-abstracts and adjudicates the selected cases.

It typically takes approximately four months after a quarter submission deadline for hospitals to receive their validation results for the quarter. An email is sent to the QualityNet Security Administrator that results are available, and it is strongly recommended that each hospital have at least two active Security Administrators at all times. If you are unable to log in to the QualityNet Secure Portal, contact your hospital QualityNet Security Administrator. If the Security Administrator is unable to re-establish your access, you'll need to contact the QualityNet Help Desk at 866-288-8912.

Educational reviews are offered quarterly, based on the release of each quarter's validation results. Completed educational review forms must be submitted within 30 days of the validation results being posted on the My Reports section of the QualityNet Secure Portal. The educational review process and educational review document forms can be found on the **Hospitals-Outpatient Data Validation Educational Review** page of QualityNet.

At the end of each calendar year, annual payment update, also known as APU, results are expected to be released in the fall (for calendar year 2018, this is anticipated to be October 2017), at which point the hospitals will be notified of their validation pass or fail status. The determination of a pass-fail status involves CMS calculating a total score of all quarters. Hospitals may run their end-of-year Confidence Interval Report which determines validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital OQR Program validation requirement.

This slide shows the encounter quarters and associated deadlines for calendar year 2018 selected hospitals that were notified of selection in August of 2016. The CDAC will send the hospital a written request to the medical records director using FedEx to submit a patient medical record for each case that

Support Contractor

CMS selected for validation. It's important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. It is also important to note the medical records request will be delivered to the address listed under the Medical Records Contact type in the official CMS database. Hospitals may check the address and make updates to the address by following the information on the slide.

A hospital's list of cases selected for validation each quarter, including all patient identifiers, can be accessed via the QualityNet Secure Portal by a registered user with the appropriate reports role. Please note that this report can take several business days after the original request date to become available. In order to access the report, you can log in to the Secure Portal, select My Reports, followed by Run Reports. Select OQR Program:

Hospital Reporting - Data Validation Reports, and select Hospital Data Validation - Case Selection Report. This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to send records or additional documentation after the record has been received by the CDAC. This applies even if the wrong record is sent or if pages are missing or are illegible. The CDAC will abstract every case with the applicable documentation that the hospital originally sent. For these reasons, it is critical that hospitals have a process for reviewing each of their records after they have been copied but prior to them being sent to the CDAC.

Regardless of who copies their medical records – whether that'd be a hospital medical record staff, independent copying services, et cetera – all records should be carefully reviewed prior to mailing them to the CDAC. Consider having an abstractor review your records prior to mailing, as they are most familiar with the location of information needed for abstraction. This is especially important if printing records from an electronic health record, EHR, to ensure that all necessary information is present.

Hospitals have until the date listed on their request to send their records to the CDAC. OQR records must be received within 45 days of the request date. Hospitals may submit medical records on paper copy, removable media – that

Support Contractor

is CD, DVD, flash drive – or via the QualityNet Secure Portal Secure File Transfer application. Detailed instructions on how to submit medical records via any of those three methods are provided within the packet delivered by CDAC. Additional information about the request for medical records can be found on QualityNet by selecting **Data Validation** from the **Hospitals-Outpatient** tab drop-down and selecting **CDAC Information** from the left side navigation pane. A direct link is provided on the slide.

There are three different quarterly validation reports available to be run through the QualityNet Secure Portal. The three quarterly validation reports are the Case Selection Report, the Validation Summary Report, and the Validation Case Detail Report.

The Case Selection Report displays the patient-identifying information pertaining to the cases selected for validation. The cases on this report are the same cases as outlined within the medical records request packet sent by the CDAC.

The Validation Summary Report provides a high level summary of the validation reliability rate for each abstracted case. This report becomes available after the hospital receives the results for the quarter.

The Case Detail Report provides the list of all elements abstracted compared to the CDAC re-abstraction of each case. This report also becomes available after the hospital receives the results for the quarter.

The Case Selection Report lists hospital's cases selected for validation each quarter, including all patient identifiers. The report becomes available after the CDAC mails the records request packet, and this report also displays the Medical Records Request date, the Due to CDAC date, and Each Record Received date. That Record Received date remains blank until the record is received by the CDAC. It is important to know it could take up to 24 hours for the Record Received date to populate after the CDAC has received your record. To verify receipt of your records, contact the CDAC directly by following the information on the slide.

Support Contractor

The Validation Summary Report lists each validation case with its score organized by measure set. On this slide, you can see a screenshot of what that might look like.

The Case Detail Report provides complete information about all abstracted elements compared to the CDAC re-abstraction on each case. Mismatches and the associated educational comments from the CDAC are displayed in red font. An example of a mismatch in red font has been provided on the screenshot on the slide.

Within 30 days of validation results being posted on the My Reports section of the QualityNet Secure Portal, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. Quarterly validation results will not be changed as a result of this review. However, CMS strongly suggests and hopes hospitals will use the opportunity to receive education and guidance for future submissions. The information needed to request a review can be found on QualityNet by selecting **Data Validation** from the **Hospitals-Outpatient** tab drop-down and selecting **Educational Reviews** from the left side navigation pane. A direct link is provided on this slide.

One other validation-related report, the Confidence Interval Report, becomes available after all quarterly results of the calendar year have been completed and the confidence interval has been calculated based on the cumulative results. To pass validation, a hospital must receive equal to or greater than a 75 percent upper bound confidence interval score. If a hospital does not meet the overall validation requirement, the hospital will not receive full APU.

If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in the fall indicating that they have failed the APU. At that time, a hospital may request a reconsideration of their validation results. The hospital would then provide information on why they're asking CMS to reconsider their results.

Support Contractor

Additional information about reconsiderations can be found on QualityNet by selecting **Hospital Outpatient Quality Reporting Program** from the **Hospitals-Outpatient** tab drop-down, and then selecting **APU Reconsideration** from the left side navigation pane. A direct link is provided on the slide.

Validation resources are available on QualityNet. To access, select **Data**Validation from the **Hospitals-Outpatient** tab drop-down, and select

Resources from the left side navigation pane. A direct link is provided on this slide.

For assistance with QualityNet, including logging in, contact the QualityNet Help Desk by telephone, 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday, at 866-288-8912 or by email at qualityNet.

Questions may be submitted to the Validation Support Contractor using the CMS Question and Answer tool on QualityNet or by directly emailing the Validation Support Contractor. Direct links are provided on this slide. Whether asking the questions through the CMS Question and Answer tool or directly through the Validation Support Contractor email, please include your six-digit CCN/Provider I.D. This will expedite a reply with information specific to your hospital.

And that's it's for me. I'm sending it back over to you, Karen.

Karen

VanBourgondien: Thank you, Alex. That was great information. We certainly appreciate your time. Additionally, we do want to take some time to thank the other members of the Validation Team that are assisting in answering questions in the chat box. Thanks again for all your expertise. And just a reminder to the individuals listening – all of the questions and answers will be posted on our website at qualityreportingcenter.com. We hope you've enjoyed today's presentation. Have a great day.