



Outpatient Quality Reporting Program

Support Contractor

The Hospital Outpatient Quality Reporting (OQR) Program: Back to Basics

Questions & Answers

Speakers:

Hospital OQR Support Contractor Team
Hospital OQR Program Support Contractor

February 20, 2019
10:00 a.m. ET

- Question:** Is reporting for the Hospital OQR Program required or optional for Critical Access Hospitals in 2019?
- Answer:** Participation in the Hospital OQR Program is not required for Critical Access Hospitals. However, it may be required for some programs like the Medicare Beneficiary Quality Improvement Project (MBQIP).
- Question:** Could you explain what a two percent reduction in the annual payment update means?
- Answer:** Each year CMS determines the payment reimbursement your facility will receive for each procedure. If your facility completes the OQR Program requirements during the Payment Determination Year, each claim your facility submits to Medicare for payment will be reimbursed at the full payment update. If your facility does not complete all the requirements, then your reimbursement will be decreased by two percent.
- Question:** The OP-30 measure is no longer required as of January 1, 2019, correct?
- Answer:** OP-30 was removed for the Payment Determination Year 2021, so you will report 2018 data (encounters from January 1 through December 31, 2018) by the May 15, 2019 deadline. This will be the last time you will report data for this measure.
- Question:** For OP-23, Stroke, does this measure apply if the patient is admitted to the hospital, or do they not meet the measure criteria?



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- Answer:** If the patient meets the population and measure criteria, they will be included in the measure. This information can be found in the Specifications Manual.
- Question:** The five or fewer rule: is this per month or per quarter?
- Answer:** This applies to the number of cases per quarter.
- Question:** If we have seven OP Stroke cases but less than five meet the criteria for inclusion, would this apply to five or fewer cases?
- Answer:** If you have seven cases that were accepted into the OP Stroke measure set yet you had two that should not have been (i.e., due to rebilling as inpatient), these cases remain in your outpatient population. We suggest substituting with non-Medicare cases to meet your requirement threshold. Additionally, we do recommend over submitting your cases. You can also contact our help desk with further questions at 866-800-8756.
- Question:** Is the criteria the same for a Critical Access Hospital as an OPPS hospital?
- Answer:** For this program, reporting by Critical Access Hospitals is voluntary.
- Question:** For the OP-20 measure, Door to Diagnostic Evaluation by a Qualified Medical Professional, when did we stop collecting?
- Answer:** This measure was removed from the Hospital OQR Program beginning with the 2020 Payment Determination Year. As such, the last time data for this measure was reported was for Q1 2018 encounters.
- Question:** If you have five or fewer AMI cases on most months but occasionally have more than five, can you choose not to submit those months of data when you have five or fewer; and if so, how is that accomplished?
- Answer:** The five or fewer rule is per quarter, not per month. So, if you have five or fewer per quarter, you are not required to submit the data. However, it is advisable that you over-submit rather than under-submit your quarterly data.
- Question:** How do you know what your full reimbursement is? Is there a way to tell if you have only received a portion?
- Answer:** You will find a Claim Adjustment Reason Code (CARC) or a Remittance Advice Remark Code (RARC) listed on each line item where a deduction for the two percent penalty has occurred with each Remittance Advice.



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The CARC will provide an overall explanation for the financial adjustment and may be supplemented with the addition of more specific explanation using RARCs. The remark codes will refer to Legislated/Regulatory Penalty.

- Question:** The randomly selected hospitals do not pertain to Critical Access Hospitals, correct?
- Answer:** Correct; validation does not pertain to Critical Access Hospitals.
- Question:** How is the confidence interval score for chart-abstraction validation announced?
- Answer:** Individuals with the appropriate role in QualityNet will receive an email notification when their validation Case Detail and Validation Summary Reports become available to run. These reports provide the validation results.
- Question:** Can a hospital have more than two Security Administrators?
- Answer:** Yes, we highly encourage your facility have at least two Security Administrators.
- Question:** Can a facility have three Security Administrators?
- Answer:** Yes, there are no limits to the number of Security Administrators.
- Question:** Is this site (QualityNet) where you go to see who is the SA?
- Answer:** You can call QualityNet directly for questions regarding access at 866.288.8912.
- Question:** What is the contact number for questions?
- Answer:** The number for the Hospital OQR Support Contractor is 866.800.8756.
- Question:** I have run the validation reports, and I do see the number of cases that matched the validator's abstraction. However, I do not see anything that indicates a confidence interval score.
- Answer:** Please contact our help desk at 866-800-8756. We are happy to walk through these reports with you!
- Question:** I am signed up as a System Administrator, but I only go into the Inpatient Quality section. I haven't checked, but as a SA, do I have access to all



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sections, or do I have to be signed up/register for each section independently?

Answer: You will need to have the appropriate roles and programs assigned. Please call the OQR Support Contractor for assistance at 866.800.8756.

Question: I signed up for the ListServe several years ago, and for the last 6 months I receive an error when trying to see what I am signed up for and to make changes. I have tried different browsers. My email address has not changed, and I am still receiving emails. It is when I go onto QualityNet to try and make changes or see what I am signed up for that I receive an error.

Answer: As this is QualityNet's database, please call them directly at 866.288.8912, and they should be able to look at your account and tell you what the error is.

Question: Does data collection for OP-31 end after May 31, 2018 encounters?

Answer: There were no changes to this measure. OP-31 is retained in the OQR program but continues as a voluntary measure. For the next submission deadline of May 15, 2019, you will use the reporting period of January 1 through December 31, 2018.