Outpatient Quality Reporting Program

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

Questions & Answers

Speakers:
Hospital OQR Support Contractor Team
Hospital OQR Program Support Contractor

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2:00 p.m. ET

Question: Is OP-30 retired as of 2019?

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: Could you review again the Facility Specific Reports that we will be getting? I think we were on Slide 16 when you mentioned it.

Answer: The FSRs that will be released include measures OP-32, OP-35, and OP-36. The facility will also receive a FSR for the Outpatient Imaging Efficiency (OIE) measures.

Question: If we have been selected for validation the last couple of quarters, how do we check to see if we reached the 75% compliance? Is there a way to find this data online?

Answer: Hospital staff with the reports role will receive email notification when their Validation Case Detail and Validation Summary reports become available to run. The reports provide the validation results of abstraction determined by the CDAC on each selected case.

Question: How do you get notified or how are you made aware that your hospital is selected for validation? What happens if you miss the notification?

Answer: Your facility is notified of being selected by the Clinical Data Abstraction Center (CDAC) by mail to the person(s) your hospital has listed as the contact. Hospitals should supply the requested medical documentation to

the CDAC within 45 days from the date of the request letter. If you fail to pass validation with at least a 75% validation score, then this may cause your facility to lose 2% of the Medicare reimbursement for outpatient claims submitted in the Payment Determination period.

Question: Do I need to do both the OQR and Medicare Quality Payment Program?

Answer: It is the facility's choice what programs they report for.

Question: They do not notify the facility of the validation results by email, fax, or mail?

Answer: It typically takes approximately four months after each quarter's submission deadline for hospitals to see their validation results for the quarter. Hospital staff with the reports role will receive email notification when their Validation Case Detail and Validation Summary reports become available to run. The reports provide the validation results of abstraction determined by the CDAC on each selected case.

Question: The OP-5, Median Time to ECG, stops after 2019 Q1, but the AMI continues?

Answer: Correct; OP-5 has been removed from the program beginning with the CY 2021 Payment Determination Year. The last time you will report data for this measure will be August 1, 2019 for Q1 2019 data using encounter dates of January 1 through March 31, 2019. Measures OP-2 and OP-3 will continue in the program.

Question: If OP-30 has been retired, does that mean we can stop chart abstraction of OP-30 beginning with January 1, 2019 discharges since we are only responsible to report for January–December 2018?

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: What happened to OP-26?

Answer: This measure was removed from the program beginning with the Calendar Year 2020 Payment Determination Year. The last time you submitted data for this measure was May 15, 2018.

Question: Critical Access Hospitals are not required to report, correct?

Answer: Correct. Critical Access Hospitals are not required to report for the Hospital OQR Program; however, your hospital may be required to participate in other programs.

Question: We currently report voluntarily but have been told that we were not required. Just need confirmation of that. I'm new to this in the last six months, and we do participate in the MBQIP program. Thank you!

Answer: Critical Access Hospitals are not required to participate in the OQR Program; therefore, your APU is not affected by your participation. However, we cannot speak to other programs your hospital may report for. Please review your hospital's requirements for the MBQIP program.