



Outpatient Quality Reporting Program

Support Contractor

Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting

Presentation Transcript

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**Dianne
Glymph:**

Hello, and welcome to the Hospital Outpatient Quality Reporting Program webinar. Thank you for joining us today. My name is Dianne Glymph; I'm a Project Coordinator for the Hospital OQR Program.

If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click the Events Calendar, then click on today's event, and you can download the handouts from the link there. They are also attached to the invitation you received for this webinar.

Our speaker today is Pam Harris, a Project Coordinator for HSAG, and she will be discussing some common issues that arise when you're reporting for this program. The topics covered will be general program-related issues such as technical concerns, administrative issues, common questions, and so on.

Before I hand things over to Pam, though, we have a few announcements. May 1, 2018 is the submission deadline for Clinical Data and Population and Sampling for Quarter 4, 2017. This is for encounter dates of October 1 through December 31, 2017.

May 15 is the submission due date for all your web-based measures; please do not miss that. And as always, please be sure to keep your NHSN and QualityNet access active. The easiest way you can do this by logging in to the NHSN and QualityNet Secure Portal at least every 60 days.

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NHSN sent emails at the end of January to Facility Administrators and Primary Contacts for each facility registered in the NHSN to make them aware that an updated NHSN Agreement to Participate and Consent form is available and that it requires a signature from your hospital. If the form isn't signed by the April 14 deadline, you will risk losing access to the NHSN. They're making it easy for you by allowing electronic signatures. NHSN posted a document with screenshots to assist you in this process should you need it. We have the direct link to that document on the slide. And if you have questions or need to contact the NHSN regarding this Re-Consent Form, please email the NHSN help desk at NHSN@cdc.gov and use the phrase "NHSN Reconsent" in your subject line.

Alright, now our next webinar will be on April 18, where we'll be discussing available tools and some new resources to assist you with successful reporting for the program. So don't miss this opportunity to attend.

Notifications of educational webinars, as well as other important information, are sent via the ListServe, so please make sure you are signed up for that free service. You can do so from the home page of QualityNet.

The learning objectives for this program are listed here on the 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. So, now, let me turn the presentation over to Pam. Pam?

Pam Harris: Thank you, Dianne, and hello to everyone. Thanks for joining us today. As the support contractor we field calls and questions from hospitals and we know some of the difficulties that are experienced when reporting for this program. So, today we're going to try to focus on some of the most common trouble spots.

Our first in the row of some trouble spots are some of the terms used in the program. We hear calendar year, payment year, encounter period – what does all that mean, and what's the difference?

Well, to summarize, calendar year designates a specific time period and payment year refers to the payment year you will see the results in the form of payment to your facility.

Let's look at the slide. Now, we're referring to the time frame we are currently in. You have encounter dates for the 2017; you then enter that data now, 2018, to get paid in 2019. In general, your encounters are two years prior to the payment year,

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so keep that in mind as we move forward. So, when and what do we quit submitting?

Well, for the clinical data, which you see listed on the slide; you can stop collecting data after March 31 of this year. This is Quarter 1 data; just be sure to submit this by the August 1, 2018 submission deadline. You are collecting that quarter because that quarter is connected to the 2019 payment determination.

Now, with regards to the web-based measures – data for those measures from January 1–December 31, 2017 encounters will be entered into the QualityNet with your other web-based measures on or before the May 15 deadline. You can go ahead and enter them now from the Secure Portal's web-based tool if you'd like. Once you have submitted those two measures this upcoming deadline, you're done! Now, a never-ending question we get is: "What version of the manual am I using?"

Well, that's a really good question because it can be confusing. So let's try to clear it up. For encounters January 1, 2017 through December 31, 2017, you use version 10.0a. This refers to measures being submitted right now. For encounters January 1, 2018 through December 31, 2018, you would use the version 11.0a. The encounter periods are always on QualityNet and the Specifications Manual.

The confusion comes in when you are abstracting and inputting data in two different encounter periods. So, for example, you may be abstracting data for Quarter 1 2018 clinical measures, which you will refer to the version 11.0a, but you are also finishing up your web-based measures to submit before May 15 where you will be using version 10.0a. Two encounter periods, two different versions of the Specifications Manual.

Now, due to the way the data is collected and reported, there is no way around this difference. You know, it is what it is. But on that note, let's talk about these encounter periods and we're going to start with the clinical measures.

For your clinical data, you can see on this slide, we are looking at your submission dates for Calendar Year 2019 payment year. Your next clinical data submission deadline is May 1.

We just talked about the measures that were removed from this program in the Final Rule on the previous slide. So once again, August 1 will be the last time you report on the clinical measures OP-1, OP-4, OP-20, and OP-21. You can see that the Quarter 1 data is for the Calendar Year 2019 Payment Determination. So, essentially you are just completing the reporting for that payment determination year. Every submission time, we get a lot of questions about the number of charts to submit.

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In order to reduce the burden on hospitals that treat a low number of patients but otherwise meet the submission requirements for a particular quality measure, hospitals that have five or fewer cases in a quarter (both Medicare and non-Medicare) for any measure set will not be required to submit patient-level data for the entire measure set for that quarter.

For the purpose of calculating submission thresholds, the AMI and Chest Pain measure sets are combined; therefore, hospitals with five or fewer cases in a quarter (both Medicare and non-Medicare) for the AMI and Chest Pain measure sets combined will not be required to submit patient-level data for that quarter. Even if hospitals are not required to submit patient-level data because they have five or fewer cases, they may voluntarily do so. To clarify this, we've got some examples.

If your hospital has two AMI cases and three Chest Pain cases, so together that's five, so you would not be required to report on these cases for the quarter. CMS does encourage you to submit the data on those but you would not be required to do so. By the same token, if you had just one more AMI case, so you had three AMI and three Chest Pain, making it a total of six for the measure set, then you would be obligated to submit data on all of these cases.

This would also apply to the other clinical measures. If you have more than five for, like, Stroke measures, you would have to submit data on that number of cases. In a few minutes I will show you a report that you can run to assist you with keeping track of these numbers that may help.

Alright, let's look at the clinical measures and the sample size requirements. Now, oftentimes, there are questions about how many cases to submit each quarter, or what is my sample size. The graph on the slide is kind of like a snapshot of the sample size requirements for these measures, and this is how it appears in the Specifications Manual. To view the entire table, you can refer back to the Specifications Manual to see it.

So let's look at sample size requirements for ED-throughput, as this is probably the measure set that has the most frequent questions about sampling requirements. Let's say you are a small hospital and you see 20,000 ED patients a year and 6,000 of them met measure criteria for this program. CMS does not want to overburden hospitals in abstracting so many cases, so you will find this table on the slide in the Specifications Manual. If you have 0-900 patients in a quarter that meet the measure criteria, you will only submit at least 63 cases. Now if you have more than 900, or 901 and greater, you will submit at least 96 cases.

In short, the most you are required to submit for ED-Throughput is 96 cases, so you can sample only 96 cases. Now, having said that, we do recommend you over submit to eliminate any rejections you may have, other technical issues – things of

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that nature. Additionally, by having a “cushion” if you will, it will assist you in subsequent quarters should there be submitting issues for the next quarter. This would apply for all of the clinical measures. There is no penalty for over submitting.

Switching gears, let’s discuss the web-based measures. The measures displayed here are to be submitted by this May 15 and are for the Payment Year 2019. So, referring back to our discussion at the beginning of the presentation, you are taking encounters from last year (2017), you are entering them now , in 2018, to get paid for the following year , in 2019. Displayed here you can see the encounter dates or reporting period and the submission dates.

Please notice that OP-27, the flu vaccine measure, has different encounter dates as it follows the flu season. This is the only web-based measure that is not submitted into the web-based tool via QualityNet. All web-based measures are submitted once a year. And let me just say if you submit the flu data for Inpatient, that satisfies the requirement for Outpatient.

Here we are again with a sample requirement table from the Specifications Manual. This goes back to what I previously stated in that Medicare does not want to be overly burdensome to hospitals with respect to the cases they report.

So, for measures OP-29, OP-30, and OP-31 the yearly sample is displayed here. You will see the familiar 900 or fewer cases, and you will submit at least 63 cases, and for 901 or greater, you will submit at least 96 cases.

The sample requirements are a little different for OP-33. This is a web-based measure which is reported annually. The sampling requirements are broken down by month, quarter, and yearly requirements. Every hospital is different, and abstractors may be abstracting for multiple programs. CMS understands that there are various scenarios, so as long as you meet the minimum requirements you will be able to meet the program requirements.

We have covered the submission dates and the sampling requirements. So now, let’s go on to entering your data. Now, some of you enter your data using the CART tool. CART stands for the CMS Abstraction and Reporting Tool and it is used by hospitals to collect, abstract, and submit clinical data to the CMS warehouse in lieu of using a vendor. Now, CART is available for use on a stand-alone, Windows-based computer, in a computer network or in environments without computing resources through the use of the CART paper tools.

CART is an application for the collection and analysis of data. The application is available at no charge and is used to submit data for this program. Through data collection, retrospective analyses and real-time reporting, CART enables hospitals

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to evaluate and manage quality improvement efforts. The clinical areas that are supported by CART are listed on this slide.

Now, on this slide we show Pain Management, OP-21, and remember this measure has been removed from the program but only after your submission of Quarter 1 data. To find this application, you will go to www.qualitynet.org. That address will take you to the QualityNet home page. Hover your cursor over the “Hospitals-Outpatient” tab. You will see a drop-down box, or menu and you will select from that the “Data Collection & CART” and it’s – we’ve got it circled in red.

This is the next page that will display. I just want to point out the options here on the left side. If you want to download CART, you will hit that first grey tab, and we will do that in just a minute. If you wanted the paper tools, you would select the second tab “Abstraction Resources.”

You can also click on CART Training. This will give you a choice of two videos, each roughly about 30 minutes in length. One covers everything from the initial download and the very basics of the application. The second video goes into some detail on the features of CART. They are available for you if you need further assistance. So, let’s just say we’ve selected the CART downloads and Info tab. The one next to the red arrow; now, what you see here on this slide will display.

Now, you can also see on this slide that if you had a previous version, you can also choose to update your CART version. There are also instructions for those of you that do abstract for Inpatient measures as well as Outpatient. If you have any difficulty with the download process, then you need to call QualityNet directly. They will be able to assist you with technical difficulties.

We will not go into details about the CART application today as it is outside the scope of the presentation. If you need detailed guidance on CART, please view the webinar we presented previously. You can find that under the Archived Events tab for this program on qualityreportingcenter.com.

Now, you’ll be entering all but one web-based measure into the online submission tool via QualityNet. Again, we will not be going into details but rather hit some common questions that come up when you are submitting data through QualityNet. So, now let’s log into QualityNet.

Now, you’ve tried your QualityNet password, and it doesn’t work. Well, you can call QualityNet and request a password reset, or go in and leave your User ID, Password and Security Code blank and then – look on the right-hand side, we’ve got it circled in red – you click on Forgot Your Password.

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It will then ask you for your user name and email address, then select Submit. Then it's going to ask you your security questions. Then you're going to receive an email link to change your password. If this does not work, well, you're going to have to contact QualityNet to get help with your password reset. But it was worth a try.

We put this password issue here as this is a very common hurdle. As Dianne said at the very beginning, please keep your passwords updated and active. But for now, we're going to assume that we have successfully logged in, so to enter your data, you will click on the drop-down arrow next to Quality Programs and then this view will display. The first line displays multiple programs, and one of them is the OQR. So, click on that first line; it's in the red box. It will then bring you to the My Tasks page. Then under the Manage Measures box, click on the View/Edit Structural/Web-Based Measures link, next to the red arrow here. You can see a larger view of this box at the bottom of the slide.

You will then select the correct payment year. The current reporting period will always be the top selection. Currently, meaning what you are entering into QualityNet right now, you are entering for payment year 2019. Now, we discussed the payment year earlier. So, we're going to select 2019, then select Continue.

So now you're ready to input your data. This is the view in QualityNet. But before we move on, I would like to draw your attention to a couple of things. Look at the box numbered one. This is the submission period. What you are viewing here is what you would view if you logged in to QualityNet right now. It is the submission period that we are currently in—January 1 through May 15. Number two —Reporting Period—these are the encounter dates you are using and you can see it's January 1, 2017 through December 31, 2017. Number three—Payment Year 2019.

Now, I showed you all that so that you make sure you are reporting for the correct year. All the pertinent information is here for you to verify before you move on and start to enter your data. So let's imagine we have entered all the data up to OP-29. Now you are going to enter information for that measure.

Well, it just so happens that your hospital has no cases for OP-29. The question we get a lot is: "If we don't have any cases to meet the measure criteria, can we leave it blank?" The answer is No.

You cannot leave it blank. The system does not know that you do not have cases. You have to tell it that. If you leave it blank, it will interpret this as you did not report data. Now, CMS is aware of this and is working with contractors to change this. So for now you will enter "zeros."

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Now, OP-31 is voluntary, and you can leave that blank only because it is voluntary. However, to avoid confusion and people accidentally leaving something blank, we do just make the blanket recommendation of entering “zeros.”

Under the “hospital’s sampling frequency,” you can just click “N/A” if you like. You would then hit the “calculate” button, and then “submit” button.

Once you complete all of your data, your pages should look something like this. You should see “Completed” for each of the measures. We do recommend you keep a screenshot of this or print off a copy for your records.

Now while we are in QualityNet, let me mention something. I want to mention ListServe. Please make sure you are signed up for ListServe. It is an automated, free service. This is our primary way of communicating with you important information about this program.

To do so, from the homepage of QualityNet go to the box on the left I have circled and under Join ListServes click on the “Notifications and Discussions” icon. You will be directed here, simply enter your information and under Program Notifications you will select the Program you want notifications about. If at some point you want to check on what list you are subscribed to Go to the Resources box at the top left then click on “What lists am I subscribed to?” will take you to a pop up screen that asks for your email address. Once you enter your address, the next pop-up window will let you know what lists you are subscribed to. If you sign up for ListServe Notifications that you no longer need, pull up one of your emails, go to the bottom of the page and simply click on the “Unsubscribe” link that they provide.

Okay. So we are going to leave QualityNet and go back to reporting web-based measures. As I stated, there is only one web-based measure that is not entered into QualityNet and that is the flu measure, OP-27. This measure is entered per hospital, not per program. So it may be that you do not report this information but rather someone in infectious control does. That is the case many times within the hospital setting.

Hospitals do a great job reporting this information so we will not spend time trouble-shooting with regard to this measure. Now, earlier I did mention I was going to show you how to check on your data. So if someone else is entering the OP-27 data, you can still check that. To check on the submission of your web-based measures you can use our Lookup tool. This is a tool on our website-and you can see that web address here at the top of the slide. From this homepage and under the Outpatient Quick Links box, you will click on the LookUp Tools icon seen next to the red arrow here on the slide. This page will open and you will see,

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at the top, all of the web-based measures, you will go down to the box next to the red arrow and enter your hospital's CCN and hit the "Enter" box.

And this page will open, you will notice there are all "No" displayed. This facility has not entered any of the web-based measures. The Asterisk notates that no data is currently available. You can see this at the bottom. The reason for that is this data update must be received directly from NHSN. As we get closer to the submission deadline, this is updated more frequently. Always look at the "Note: Data last updated" notation next to the red arrow. That will tell you the last time this information was updated. However, please note that the data comes from two different places, QualityNet and NHSN. It is not expected that we will get a data refresh from NHSN before April. Because of this, we have included in this tool an asterisk next to OP-27; you can see the disclaimer below in the area boxed in red. If your hospital has entered the OP-27 data after the updated date and you see an asterisk next to OP-27, then we have not received the update from NHSN. As submission deadlines get near, we do get more frequent updates. That's one way to check your data.

Listed here are some reports that are available to you through QualityNet both before and after you submit your data. We will not be discussing these reports today as we have covered them in detail in prior presentations. However, if you feel you need more guidance, please go to our website qualityreportingcenter.com and click on the Archived Events tab for this program. This is where previous webinars are stored and you have free and easy access to them all.

In short though, the PPR, or Provider Participation Report, displays a summary of information of cases that were accepted into the Clinical Data Warehouse. So, if you want to verify that they submitted the data that was submitted or if you just want to make sure there are enough cases submitted each quarter, you can use this report.

The Claims Detail Report provides hospitals with the ability to monitor the claims submitted to Medicare during a specified quarter. By the way, QualityNet is experiencing some technical issues with this particular report, so when attempting to run this report, do not fill in the measure box, just leave it blank. If you leave the measure box blank, the report will run. If you attempt to assign a measure, then the report will return blank. QualityNet is aware of this and is working to resolve this issue. The Submission Summary Report summarizes information of selected data. And finally, the Case Status Summary Report displays a summary of submission data, so it will let you know the number of cases submitted, accepted and rejected. This is extremely helpful to check up on your submission. You will be able to see that your cases did or did not make it through the warehouse. This is also helpful to check behind your vendor. If they tell you they completed the upload of cases, just go into QualityNet and run this report and check for yourself.

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There is nothing worse than thinking you have completed a submission to find out that you had rejections and now your submission now does not meet the minimum requirement. As the support contractor, we receive calls every quarter with numerous scenarios. We want you to be successful in your reporting. Please double check your submission whether it is via CART or a vendor. Check, check, and double check.

Now, you find out you are being validated. For every calendar year you will have data submission and validation results that correlate with the payment year. Here on this slide you can see the Calendar Years 2019 and 2020 as they relate to the clinical data, which we just spoke of, and the quarters involved for the validation results.

Validation is intended to provide assurance of the accuracy of a hospital's chart-abstracted data. CMS selects hospitals from a list of hospitals participating in the Hospital OQR Program that year. CMS randomly selects approximately 450 hospitals from the list of participating hospitals and an additional 50 hospitals on a targeted basis, for an estimated total of 500 hospitals selected for validation annually.

Hospitals that meet all of the following criteria in November of the previous year are eligible to be one of the 450 hospitals selected must: have an open status, be paid under the OPSS, have an active NOP form to participate in the Hospital OQR Program and have submitted at least 12 cases to the OPSS Clinical Warehouse during the quarter containing the most recently available data. The additional 50 hospitals are selected based on having failed validation or having an outlier value for a measure based on the data that was submitted. Selected hospitals are required to supply requested medical documentation to the CMS Clinical Data Abstraction Center (CDAC) for validation purposes within 45 days from the date on the CDAC's request letter. To receive the full OPSS payment update, hospitals must obtain at least a 75 percent validation score for the designated time period based upon this validation process. You can see here the Record request schedule through June of this year.

If you at any point have any questions about validation, please contact the validation contractor. You can also put your question in the QA tool in QualityNet. To assist you in the validation process though, there are a few reports available through QualityNet that you can run.

There is a Case Selection Report; it displays a list of cases selected for validation. It also includes the Medical Record Request Date, the Due to CDAC Date, and each Record Received Date. The Record Received Date remains blank until a record is received by the CDAC.

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There is a Confidence Interval Report and that displays the confidence interval reliability result. This report becomes available after all quarterly results of the calendar year have been completed and a Confidence Interval has been calculated based on the cumulative results.

Now, there is also a Case Detail Report and that compares the hospital's abstraction to the CDACs re-abstraction result. Mismatches and the associated educational comments from the CDAC are displayed in red font.

Now along with data submission struggles, there are administrative issues that cause some difficulty. In this last section we are going to deal with the most common issues we assist hospitals with dealing with. Staffing issues and turnover will always be a constant. We reach out to hospitals by phone quite frequently for various reasons. For example, if it is close to a submission deadline and your hospital has not entered their data yet, we will be calling you. The intent of this call is to make sure you are aware of the deadline and to see if we can be of any assistance to you. Additionally, assisting us in having the correct contact person is also very helpful.

One way to communicate this is to go to our website qualityreportingcenter.com. Back to the same box we saw before, the Outpatient Quick Links. This time you are going to click on Tools and Resources. This page will open and you will click on the Hospital Contact Form. This is the form you will fill out. Please ensure you fill out the top in its entirety. We are aware that some of you report for multiple programs. As a result, multiple programs are listed. In the first column, on the far left, you can add a new contact, update a contact, or remove a contact. Once this form is completed you can either email or fax to the secure fax. This information is located at the top of the form.

Now you have found out you need to become a Security Administrator or an SA in order to submit data into QualityNet. To register on Quality Net, you would first go to the website at: www.qualitynet.org, then look at the first blue square on the left hand side. See where it says QualityNet Registration? And right below that, is Hospitals- Outpatient, (with the red arrow). Click on Hospitals - Outpatient. It takes you to the QualityNet Security Administrator Registration site. This page will give you information on being a Security Administrator and a Basic User. For our purposes, we are going to click on the "Security Administrator" link seen here with the red arrow.

It then takes you to the steps to become a QualityNet Security Administrator. To get the actual registration packet, click on the link marked with the red arrow. Download the form, follow the instructions and mail the original to the address seen here on this QualityNet page. It is worth mentioning that you need to follow the instructions in this packet. If you do not fill this documentation out correctly, it will not be processed.

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If you ever feel like you're swimming upstream in meeting program requirements, don't worry, there's a lifeguard ready and willing to save you from any deep water you may find yourself in. We have listed some resources here. Please don't ever hesitate to call our helpline. We are always more than happy to try to assist you in any way we can.

If you have any questions about any measure or a program questions, you can also submit your questions using the QA tool on QualityNet. The direct link is seen here on this slide. When you ask your question, a subject matter expert will respond directly to you through your email.

Well, that's going do it for me today. I hope this webinar gave everyone something. Let me hand things back over to Dianne. Dianne?

**Dianne
Glymph:**

Pam, thank you so much for that overview. We appreciate it. So, relax. You have everything under control, but if you ever need help with anything, then give us a call.

As a reminder, a recording of today's event as well as the transcripts for the presentation and all of the questions and answers in the chat box will be posted on our website at qualityreportingcenter.com.

That's all the time we have today. Thank you everyone for joining us.