Outpatient Quality Reporting Program

What Report? Whose Report? Where Did You Get That?

Presentation

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Karen VanBourgondien:	Hi everyone; welcome to our discussion on different Outpatient Quality Reporting Program reports. My name is Karen VanBourgondien, the Education Coordinator for the OQR Program. If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on today's event, and you should be able to download those slides. They are also attached to the invite that you received for this presentation.
	Our speaker today is Pam Harris, a project coordinator for the OQR Program. We do look forward to what she will provide today. But before we discuss anything and the program announcements and before I turn it over to Pam, I do want to let you know we have a guest today, Anna Hill.
	Anna Hill is with Mathematica who does measure maintenance for the colonoscopy measure. She's the subject matter expert, and she will be sharing some information with you. On the slides you will see OP-32 and ASC-12, and the reason for that is it's the same colonoscopy measure. Just, OP-32 is what the measure is called for the OQR Program, and ASC-12 is what the measure is referred to for the ASC Program. So let me just briefly turn things over to Anna for her announcements. Anna?
Anna Hill:	Thank you very much. I'm going to provide an overview of reports received in the fall of 2017 for the colonoscopy measure which is reported as OP-32 for the Hospital Outpatient Quality Reporting Program and ASC-12 for the Ambulatory Surgical Center Quality Reporting Program.
	This fall, facilities received two reports containing performance information for the colonoscopy measure. They received a Claims-Detail Report which was distributed in September and a Facility-Specific Report which was distributed in October.

The figure at the bottom of this slide depicts the timeline information related to the release of information for the colonoscopy measure this fall. The purpose of this figure is to describe, at a high-level, the number and types of reports facilities received in Fall 2017, as facilities will be receiving numerous reports in close succession, containing different types of information. We will go into more detail on the key differences of the reports momentarily, but would like to highlight that the CDRs and FSRs apply to different performance periods as described in the figure. Additionally, CMS intends to distribute a second CDR for the 2017 performance period this December.

This table displays the differences in the performance periods between the September CDRs and the October FSRs. The October FSR includes your facility's performance information from calendar year 2016, which will be publicly reported this December and used for payment determination in calendar year 2018. The September CDR includes your facility's cases from the first five months of 2017, which will be included in the measure results that will be publicly reported in December 2018 and used for payment determination in calendar year 2019.

Note that the cases in the 2017 CDR will eventually be included in the calculations used for December 2018 public reporting, but the CDRs themselves are distributed confidentially to facilities.

This table summarizes the different content provided in the FSRs and CDRs: Both reports include patient-level data, or included and excluded colonoscopy measure cases, but only the FSR includes measure performance information. The FSR includes: state and national measure results, facility-level distributions of measure risk factors, and the facility-level measure rate and performance category. For more information about the colonoscopy measure, please see the colonoscopy reports page on QualityNet. Facilities may also submit questions and comments via the QualityNet Question and Answer tool. That's all I have for today. Thank you very much for your time. I'm going to turn the presentation back over to the presenter.

Karen VanBourgondien:

Thank you, Anna that was great information. We really appreciate your time in sharing that with us today. Again, before I turn things over to Pam, I would like to highlight some important dates and announcements. November 1, 2017 is the submission deadline for Clinical Data and Population and Sampling for Quarter 2 2017; this will be for the encounter dates April 1 through June 30, 2017.

And always, please make sure that you keep your NHSN and QualityNet passwords active. The easiest way to do this by logging in to both systems about every 60 days. And if you want to get the most up-to-date information about the OQR Program, then make sure you're signed up for ListServe, as this is our main way of communicating information about this program. Maybe you signed up before, but you're not getting notifications? Well, maybe you changed your email; maybe things are going to your spam, what have you. Just make sure— check with the ListServe, make sure that you're signed up. If you're not signed up, then you can do so on the QualityNet home page.

Please join us for our next webinar, the CY 2018 Final Rule. The exact date of this presentation is pending as that does depend on when this is publicly posted. You definitely want to keep an eye out for that, though, because that will let you know of any changes that are finalized and are forthcoming for this program. So, watch out for a ListServe that will be sent, announcing the exact date of the webinar.

The learning objectives for the 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 on our website, qualityreportingcenter.com, at a later date.

During the presentation, as stated earlier, if you have a question, please put the question in the chat box that's 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 in a timely manner and provide real-time feedback. If your question does not get answered for some reason, please know that all questions and their answers are always posted on qualityreportingcenter.com. So, now let me turn things over to Pam. Pam?

Pam Harris: Hello to everyone, and thank you for taking the time out of your busy day to join us. We're going to go over some reports that are available to you for this program. And as we can't cover them all, we will be covering quite a few.

So, let's get started on the reports available to you. Now for this presentation, I'm not going to go over how to sign in to the QualityNet Secure Portal, and I am not going over the steps on how to get to the reporting page because I want to spend as much time as possible reviewing as many reports during our time together. But if you don't know this or you get confused or anything, don't panic. You can call the help desk, and they will help you walk through to this area. We've also covered this in other webinars, and it is posted on our website qualityreportingcenter.com under the Archived Events tab; or you can call, again, the help desk.

The screen you are looking at is after you've logged in, selected OQR under Report Program. Then under Report Category you can see five categories of reports: Annual Payment Update Reports, Data Validation Reports, Feedback Reports, Submission Reports, and Preview Reports. So, let's just imagine we clicked on our first option here. The Annual Payment Update. Now, this is a very helpful category to sort of keep tabs on yourself. By the way, all the data you're going to be viewing is strictly fictitious. We did add names and dates of birth so you can get a feel of what a real report looks like. So, you may recognize some of these names if you are a movie-goer or a TV-watcher, but these are not patients' information.

On this page we have selected OQR under the Report Program, and in the Report Category drop-down menu, we have selected the APU Report. Once you make the selections, you would then click on View Reports, which is that blue button

there at the right, and the three Annual Payment Update Categories, or the APU reports, will display.

So, the three different reports in the APU Category are the Claims Detail Report, the Confidence Interval Report, and the Provider Participation Report. You can see a little summary or report description here on the right side of each report also. We're going to click on the first report here, the Claims Detail Report.

And it takes you to the Report Parameters page. Now you can select the report parameters you want to view. Now this screenshot may look a little different than your page as I have national access, and the view may be different for you.

So, you want to make sure that you fill out the information that has the blue stars beside it because that means that this category or information is required in order to run the report. On this screen you can see with my view it is required that you select the state and the provider that you want to view data from. Then you want to click on the Encounter Quarter drop-down box. So, click on the down arrow.

And, boy, what a drop-down menu. Select the quarter that you are requesting— and here I have selected Quarter 2, 2017. Then you move on down to the Measure Set drop-down, and you select the measure data set that you are wanting to view. Now notice the Measure Set Parameter does not have a little blue star next to it. Well, this particular report parameter will default to "All" if you do not choose a measure set.

But we've selected "All," and that gives you AMI, Chest Pain, Pain Management, and Stroke data. Now, this is the only report we are going to go over the report parameters, but understand that each report has report parameters, but the parameter questions may be different.

Now, the Report Format defaults to a PDF format, so if that's the format you want, then go to the bottom of the page and select Run Report. We're going to talk about a different format in a few minutes.

Now, this is the next screen you will see, and before we head off to the next step, take a look at the information in the middle of the page. This gives you tips on if you want to run a different report or make a report a favorite. It really is helpful, but right now we want to view a report, so select Search Reports. You are going to be searching for the report we just ran.

And it will take you to the Search Reports page. Now, depending on the amount of data you've requested and how busy the QualityNet website is, this can take some time to compile the report. So, while the report is compiling, you will see a blue circle in the status area under the red box, but for the sake of our purposes right now, our report is ready to download. And you know this because there's a green check under the status column for that report.

Then you're going to look at the right side of the page under the Action column where the red arrow is. Now, if you just want to view the report, you can click on the magnifying glass. If you click on the green down arrow, this will download

the report. And we are going to be talking about this report, so let's click on the green down arrow and download it. But before we look at, you know, the exact report, let's talk about the report itself for a second.

The Claims Detail Report provides hospitals with the ability to monitor the claims submitted to Medicare during a specified quarter, and it includes only Medicare Fee-for-Service, or Medicare Part A, claims that are in final status. No Medicare Advantage, Medicare Part B, or Medicare Secondary Payer claims are included. Now, the ED-Throughput claims are not included in this report due to the very high volume of claims submitted each quarter.

So, we've just opened up our example report, and, again, patients' names, facility names, CCN numbers are all made up. So, let's start with the "Data As Of field." Now, this field is right above the dark gray bar with the blue arrow, and the date listed is the last date that claims data were loaded for the provider, or the hospital. Now, drop down and look at the footnotes. Now, there are footnotes on every report you run. Read these because it'll help you understand your report better.

So, now remember we ran this report in a PDF format, so what if you wanted to put this information in a spreadsheet? Well, there's a way to do that, so let's back up to our Report Parameters page.

So, back under the report parameters, you will see the Report Format. Now, I've pulled the Report Format section up and enlarged it on the page. See the red arrow? Now, the first time we selected the PDF for our report format. Now I'm going to select the CSV format.

Now, this format is offered on some reports. And you ask, "Why would you want to know about a different format from PDF because, you know, we all love our PDF files?" Well, a CSV format, or Comma-Separated Values Format, is data arranged so that it is usable by Microsoft Excel spreadsheet applications, so data in a spreadsheet can be sorted, exchanged, made into reports and graphs for trending and even slideshows. Spreadsheets can also be used to analyze, track, and monitor quality within your facility.

So, let's see what a report looks like in the CSV format. So, this is the same Claims Detail Report that we just had on the previous slide, but this time we've selected the CSV format, and there it is. This is a way you can keep a running spreadsheet for each report. Sweet, right? Okay, let's jump to the next report, the Confidence Interval Report.

Now, the Confidence Interval Report—this is still under the APU category. This report is available for facilities that are in validation and will be available after all of the quarterly results are completed.

Here we are on this made-up report. We can view information about the confidence interval. To pass validation, a hospital must receive equal to, or greater than, a 75% upper-bound confidence interval score. If a hospital does not

meet the overall validation requirement, the hospital will not receive the full APU.

So again, you would utilize this only if your facility was undergoing validation. So, let's switch to a report everybody should know and use, and it's the Provider Participation Report.

Now, the next report in the APU category is the Provider Participation Report, or PPR, and this is another tool that enables hospitals and vendors to monitor their compliance with Hospital OQR Program requirements. This report displays a summary of information of cases that were accepted into the Clinical Data Warehouse.

So, taking a quick look at the Provider Participation Report, to the far left column you will see measure sets, and under Outpatient Population, to the left circled in blue, displays the number of Medicare and non-Medicare patient encounters for a measure set that you, the provider, or your vendor has submitted for the Population and Sampling. Moving over to the next blue circle is the Sample column, and this displays the number of encounters of the Medicare and non-Medicare population that will be sampled for a measure set. Now, this field is blank if no data has been accepted, and the field will display a zero for the measure set if zero samples were submitted.

So now, let's jump over to the right of the page and look at the green circle, Total Medicare Claims. This is the total number of Medicare claims submitted by the provider for each measure set. This is the number of cases that Medicare expects to see abstracted and submitted in the warehouse. Now, just because Medicare gets their numbers from Medicare claims, you can submit Medicare or non-Medicare to obtain your number.

All right, the big red circle—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 would be blank for any measure set that has no data accepted.

Now, let's look at some of the reports under the next category — Data Validation. The reports shown on this slide are the reports you can choose from under the category of Data Validation and a description of their function. Again, we're going to discuss the most frequently used reports utilized under the Data Validation reports.

Let's start with the Case Detail Report. Now, you will recall we just talked about the Claims Detail Report under the APU category; now we're going to discuss the Case Detail Report under the Validation category. Similar name under different categories. Be careful, lots of people get confused. So, Data Validation, Case Detail Report.

In short, what this report demonstrates is a comparison of the hospital's abstraction against what the CDAC's re-abstraction result was for the same

record. It'll also provide a list of all of the elements that were abstracted on each case.

Now, this is an example of the Data Validation Case Detail Report. This is a very long report; this one in particular is 28 pages. It's easy to read; there's lots of information. And you can see here that the Reliability Rate by the red arrow is 100% and only two cases. Now, the Individual Case Measure Outcome Reliability Rate – to get this percentage the numerator is the number of the scored measures within a measure set which matched measure outcome results; now, the denominator is the number of all scored measures within a measure set.

So, you can see here the measures listed, OP-18a and OP-20, the original outcome, or the abstraction data that was submitted by the hospital, matched the validated outcome, or the data abstraction by the CDAC.

All right, let's look at a different page of the same report, Case Detail Report. Now again, this is just a different page of the same Case Detail Report, and like the first page, you have what was abstracted by the hospital under Original, and then under the Adjudication Value, which is the adjudication answer for the element or how CDAC abstracted the record, and then you have Educational Comments. There are none on this particular report; however, if the comments are in black, then this is just a learning opportunity, but any educational comment that contains bold, red font – that's considered a mismatch or error.

Moving on to the Case Selection Report, still under the Data Validation reports. This report displays a list of the cases that were selected for your hospital for a particular quarter sorted by provider ID, measure set, and provider. Now, a facility can always run this report to view the records being requested for validation.

Now, this is the Case Selection Report example. This report has patient-specific information, but let me just point out a few things. Let's look at the Due to CDAC by field. This date is the deadline for submitting the medical records to the CDAC. Now let's move over to the Record Received, and this field displays the date the medical records were received by the CDAC for re-abstraction.

Now, I want you to notice the little Footnote 2 behind the Record Received field, and that footnote states that if you have the letter "N" in this Record Received field, that means that no medical record with the CDAC cover sheet was received, and if there is a date, then that indicates the date the medical record with the CDAC cover sheet was received.

Okay, let's move on to our next category, the Feedback Reports. Now, there are a lot of reports in this category, and we filled it in with all our make-believe characters. Now, as you can see, there are a lot of feedback reports, and we can't go over all of them, but let's go over as many as time will allow. The first one we're going to go over is the Case Status Summary Report. And the Case Status Summary Report is a total of unique cases submitted to the CMS Clinical Warehouse by measure set for the specified discharge period. Now, this includes the number of cases submitted, accepted, and rejected.

Now, you ask: "What is a unique case?" Well, that was my first question. A unique case is a patient's medical record, so knowing that, let's take a look at a report. The report shows the Measure Set, the Unique Cases Submitted, Cases Accepted, and Cases Rejected. This is another report to check to make sure that all your cases were accepted. There's nothing worse than thinking that you have everything in only to find out some cases were rejected. Remember, once the data submission deadline has passed, no further submission or changes are allowed.

Moving on to one of my most favorite reports, Facility, State and National Report. Now, this report displays the number of cases abstracted for your hospital and summarizes and compares the chosen data by quarter to your state and national level. Now, this report will only be displayed until around 30 days after the submission deadline for the quarter.

So, here's our example. On this page of the report—again, we're viewing OP-18 and OP-20—these are time element measures, so you do not see a denominator or a percent total. We see the minutes for the facility, your state data, and then your national data for these two measures.

Now, this is a different page of the same report. If you look at the Stroke measure, for example, you can see that for OP-23 this facility only has two cases in the measure to reflect a 100% total; the state percent is 70% and the national is 72%; great report, right?

Okay, Population and Sampling Report. This report displays summary information of the Population and Sampling data for Medicare and non-Medicare patients by quarter, measure set, and provider. Now, the Population and Sampling Summary Report displays the data that you or your vendor has submitted for your facility.

Now, right about now, you're going: "Wait a minute. We just saw a report on Population and Sampling," and you would be right, but it's not the same report. As we go through these reports, many have the same data or measure set, but it's in a different format. So, run these off and look at them. See which report works best for you.

Now, for our Population and Sampling Summary example, you can see that the top darker bar lines are divided up in measures: the bar lines underneath are regards to sampling frequency and either Not Sampled or Sampled, and the various columns across the top are further divisions.

Now, the total population is all cases, both Medicare and non-Medicare, so if you were to add the Medicare and non-Medicare columns to the left of that, it would equal the total population size. Then moving to the right, you have the sample size broken up into Medicare and non-Medicare, and the total sample size.

In this example, the facility did not have any AMI or Chest Pain cases, so you see zeroes under those categories. Now, you are not required to sample for this program, but we are including this report as many hospitals do sample. This

information is based on the data submitted by your facility. If you have a vendor, this is a great way to verify the information they have submitted on your behalf. And just to let you know, you can run this report in CSV format also.

Potential Duplicate, oh another one of my favorites. This identifies potential duplicate records submitted to the CMS Clinical Warehouse.

Now, this report lists possible duplicate records that were submitted to the Warehouse, so yes, you should always review this report and correct any known duplicates. Now, once you correct the duplicate record and the report is updated, then your corrected duplicates will not show on the second report.

So, let's take a look at an example of the report. Now, the report gives you all the measure and patient-level information, but then it also lists the Upload User, or who uploaded the file; the upload batch ID; the provider or hospital ID, and the matching ID—now that is the unique record identifier that identifies the record as a potential duplicate. This way it makes it easier to find the record.

Moving on to Submission Detail Report. This report contains file information of cases submitted to the Warehouse. Now, it includes all submissions for a particular case rather than just the most recent submission. Essentially, that means that the report is broken down by case or patient, not a specific time period.

Now, it sounds like a simple report, but this report gives you tons of information, so let's take a look. Now, the first thing I want to show you about this report is how long it is. The report I ran has 122 pages. And let me just tell you that this report can also be run as a CSV file, so if you're having to sort or move the data, that would be the way to go.

Okay, back on track. Notice the first dark gray bar next to the arrow? This identifies your measure set, and the light gray bar right below will show you the patient ID. Above the gray bars you will see the Encounter Date and Time, Upload Date and Action Code, File Name, and File Status.

So, let's stop at Action Code. What is that? Well, the Action Code is the Warehouse submission of the file for the selected measure, so you will see either Add or Delete. So, moving on across to the File Name and File Status. File Status is the status of the case that was submitted to the Warehouse, and they will show either accepted or rejected. Then below you see the Message about this submission and then the explanation of the Message.

Now, moving on to Submission Summary. Now, this report displays counts of accepted and rejected cases and counts of error codes that were submitted to the Data Warehouse. This report is only available in PDF.

So, you can see on our example report, it is divided into Measure Sets, then tells how many files were accepted or rejected from the Warehouse. So, while you're kicked back drinking a cup of coffee and you think everything's been submitted, you run this report and find out some of your cases have been rejected. Better to

know this before the submission period closes. Plus, you will be given error codes to assist you in knowing what went wrong. But you certainly don't want to get an error code 15965—that's the submission deadline for the encounter time period has passed!

Okay, then looking at the bottom, it gives you the Total Cases Submitted, Accepted, and Rejected. So, let's talk about the reports under the Submission Category. Every report listed under the Submission Report category is found in other categories. They're also placed here because the reports are specific to the submission of data, so I just wanted you to know I wasn't skipping over these reports. They've already been looked at.

So, let's look at the last report category, Public Reporting Preview Reports. Now, if you notice, I have Public Reporting Preview Reports in my report category. And then I clicked View Reports, and the message I received—see the red circle —is that no reports are available. Well, this will only be populated when your Preview Report is available, and that only happens once a quarter. But when you are notified, via ListServe, that you have a Preview Report available, this is the place to go.

We just did an entire webinar last month specific to public reporting, so if you need more details on the subject, please access the Archived Events tab under Outpatient on our website—qualityreportingcenter.com. Okay, let's talk about your Facility-Specific Reports.

There are additional reports separate from what we just talked about. These reports are not run by you in QualityNet. We're not going to go into detail here, as Anna spoke to this at the beginning of the presentation. Just to hit on the highlights, there are two types of reports: the Claims Detail Report and the Facility-Specific Report. These reports are sent out at different times. If you do have further questions, please enter them into the QualityNet Q&A tool on QualityNet.

So, perhaps at the beginning of this presentation, or prior to attending, you thought to yourself, "I will understand these reports when elephants fly." Well, we hope you feel better about your knowledge base regarding these reports.

Running reports helps you stay in check with your facility's data and performance. There are various uses for reports: complete and timely reporting, quality improvement, and peace of mind that you've met your program requirements. And, by all means, if you need any help running or interpreting reports, call us, the Support Contractor. We'll be glad to help. Also, there's a training module on QualityNet which discusses some of the QualityNet reports.

That's going to do it for me today. I hope this webinar gave everyone something. Karen?

Karen
VanBourgondien: That was very informative; we appreciate your sharing all that great information.

Support Contractor

We would like to thank everyone for joining us today. Remember all of the questions and answers received in the chat box during this presentation will be posted on our website, qualityreportingcenter.com, at a later date.

Thanks again for joining us.