

# **Outpatient Quality Reporting Program**

## **Support Contractor**

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

#### **Questions & Answers**

#### **Moderator:**

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**Question:** Can you explain the abbreviations CDR and FSR?

**Answer:** The CDR is a Claims Detail Report whereas the FSR is a Facility Specific

Report.

**Question:** Is there a deadline calendar for submissions Q3 2017 and beyond?

**Answer:** Check on www.qualityreportingcenter.com, under the Outpatient section,

select "Tools and Resources," you will find the document named Hospital OQR Important Dates for Calendar Year 2019 Payment Determination.

**Question:** How often is the Claims Detail Report updated?

**Answer:** The report is updated three times during each quarter. This usually begins

about midway through the quarter, then about 4 weeks prior to the end of

the quarter and then about 2 weeks prior to the end of the quarter.

Question: If an exemption form has been completed on those indicators in the

Provider Participation Report (PPR), would we see blanks?



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**Answer:** The outpatient program does not have case exemption, however, the

Inpatient Quality Reporting Program (IQR) does. Please contact IQR to

ask them that question. They can be reached at 844-472-4477.

**Question:** Is it an issue if the Total Medicare Claims is larger than the Outpatient

Population total?

Population and Sampling is voluntary for the Outpatient program; **Answer:** 

> therefore, it is not an issue if the Total Medicare Claims column is larger than the Outpatient Population column. Often times, the Outpatient Population column will be blank (i.e. a facility chooses not to enter data), which is okay since this is a voluntary piece of the program. Please ensure

> that the Total Cases Accepted column is equal to or greater than the Total Medicare Claims column (or meets the sample requirement).

Why would your cases be rejected? **Question:** 

There are various reasons why a case may be rejected. It may be Answer:

something as simple as an invalid date of birth (DOB). That is why it is

always important to verify your cases have been accepted.

**Question:** How do you get rid of a duplicate record?

**Answer:** Once the record is corrected and you re-run the report, the duplicate will

not show on the second report.

**Question:** I am new to the Hospital Outpatient Quality Reporting role. How do I get

added to the ListServe?

**Answer:** To sign up for ListServe go to the QualityNet website at

> www.qualitynet.org. In the third light blue box to the left of the screen you will see "Join ListServe." Click there and follow the registration prompts. Program notification type to select would be Hospital OQR; roughly half-way down the list of options. Here is a direct link:

www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/

Register

**Question:** In the Facility, State, National Report, why does the facility data switch to

> "N/A" once the state and national data is populated? Prior to the state and national data being populated, the facility data is populated appropriately.

If there are issues when you run this report, please call QualityNet at 866-Answer:

288-8912 to open a helpdesk ticket. Additionally, you can email us



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directly. Please include the quarters and years you are referencing along

with the hospital CCN? The email is oqrsupport@hsag.com.

**Question:** What is the code for submission deadline has passed?

**Answer:** That code is 15965 and will display after the submission deadline has

passed

**Question:** Is there claims detail information available for the Imaging Efficiency

measures?

**Answer:** This is coming in the future. Please watch your ListServe. In the

meantime, you are welcome to submit a question on the QualityNet site and request a report for OP-13. Please include your hospital CCN in the

question.

**Ouestion:** Are claims submitted to the Warehouse received from our vendor or

directly submitted via some other process?

**Answer:** Medicare claims are different than the cases submitted for data reporting.

Claims are based on data that your facility submitted to Medicare. Cases

are submitted by your facility/vendor.

**Question:** Is it true that the CDR report is run by a user but the FSR report is

delivered to Auto inbox

**Answer:** If you are referring to OP-32, both the CDR and FSR are sent by the

measure steward via the Secure File Transfer (SFT) via QualityNet.

**Question:** How will we know when the Confidence Interval Reports are available—

will a notification be sent if we are on the validation ListServe?

**Answer:** For answers to specific process questions regarding validation, please

contact the validation contractor directly at validation@hcqis.org.