

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

Hospital OQR Program Support
Contractor
February 20, 2019

Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Define the program requirements for the Hospital OQR Program.
- Successfully register with QualityNet.
- List at least three resources available to enhance successful reporting.





This certificate certifies the ABC Hospital as a Qualified Medical facility in accordance with state and Federal guidelines.

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ABC Hospital



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Quality Coordinator



Hospital OQR Program

 Eligible hospitals must meet program requirements or receive a two percentage point reduction in their Annual Payment Update (APU) under the Outpatient Prospective Payment System (OPPS).

Program Goals

The Centers for Medicare & Medicaid Services (CMS) seeks to promote higher quality and more efficient healthcare for Medicare beneficiaries.

- Implemented quality reporting programs for multiple care settings
- Established public reporting of quality data
 - Congress passed a law mandating the collection of quality measure data

Program Requirements

Hospitals must

- Collect and report data for quality measures specific to this program
 - Submit data through QualityNet
 - Secure credentials required
 - Follow guidance in the Specifications Manual for all measures
- Meet validation requirements if selected
 - Must attain a confidence interval of 75 percent or higher

Hospital OQR Program Measures

OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED

Arrival

OP-3 Median Time to Transfer to Another Facility for Acute

Coronary Intervention

OP-5 Median Time to ECG

OP-8 MRI Lumbar Spine for Low Back Pain

OP-9 Mammography Follow-up Rates

OP-10 Abdomen CT - Use of Contrast Material

OP-11 Thorax CT - Use of Contrast Material

Types of Measures

- Measures Submitted Using a Web-Based Tool
 - Entered via the CMS website QualityNet.org
 - Reported annually
- Clinical Data or Patient-Level Chart-Abstracted Measures
 - Submitted in one of two ways
 - CMS Abstraction & Reporting Tool (CART)
 - Third party vendor
 - Reported quarterly
- Claims-Based Measures
 - Collected from paid Medicare claims
 - No manual abstraction or reporting by the facility

Measures Submitted Using a Web-Based Tool (1 of 2)

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data
- OP-17: Tracking Clinical Results between Visits
- OP-22: Left Without Being Seen

Measures Submitted Using a Web-Based Tool (2 of 2)

- OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps

 —Avoidance of Inappropriate Use
- OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (voluntary)
- OP-33: External Beam Radiotherapy for Bone Metastases

Timeline

Calendar Year 2020 Payment Determination

Measures	Reporting Period	Submission Period
OP-12	January 1—December 31, 2018	January 1—May 15, 2019
OP-17	January 1—December 31, 2018	January 1—May 15, 2019
OP-22	January 1—December 31, 2018	January 1—May 15, 2019
OP-29	January 1—December 31, 2018	January 1—May 15, 2019
OP-30	January 1—December 31, 2018	January 1—May 15, 2019
OP-31*	January 1—December 31, 2018	January 1—May 15, 2019
OP-33	January 1—December 31, 2018	January 1—May 15, 2019

^{*} Voluntary

Chart-Abstracted Measures (1 of 2)

- Cardiac Care Measures
 - OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
 - OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
 - OP-5: Median Time to ECG

Chart-Abstracted Measures (2 of 2)

ED-Throughput

 OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Stroke

 OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

Timeline

Calendar Year 2020 Payment Determination

Clinical Data Submission	Reporting Period	Encounter Quarter
November 1, 2018	April 1–June 30, 2018	Q2 2018
February 1, 2019	July 1-September 30, 2018	Q3 2018
May 1, 2019	October 1–December 31, 2018	Q4 2018
August 1, 2019	January 1–March 31, 2019	Q1 2019

Claims-Based Measures (1 of 2)

Imaging Efficiency Measures

- OP-8: MRI Lumbar Spine for Low Back Pain
- OP-10: Abdomen CT–Use of Contrast Material
- OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery

Claims-Based Measures (2 of 2)

Outcome Measures

- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
- OP-36: Hospital Visits after Hospital Outpatient Surgery

Validation

- Randomly selected 450 hospitals
 - Open status
- Targeted 50 hospitals
 - Failed validation or
 - Had an outlier value
- CMS will validate up to 12 cases per quarter
- Selected hospitals must submit medical documentation within 45 days
- Hospitals must obtain at least a 75 percent validation score

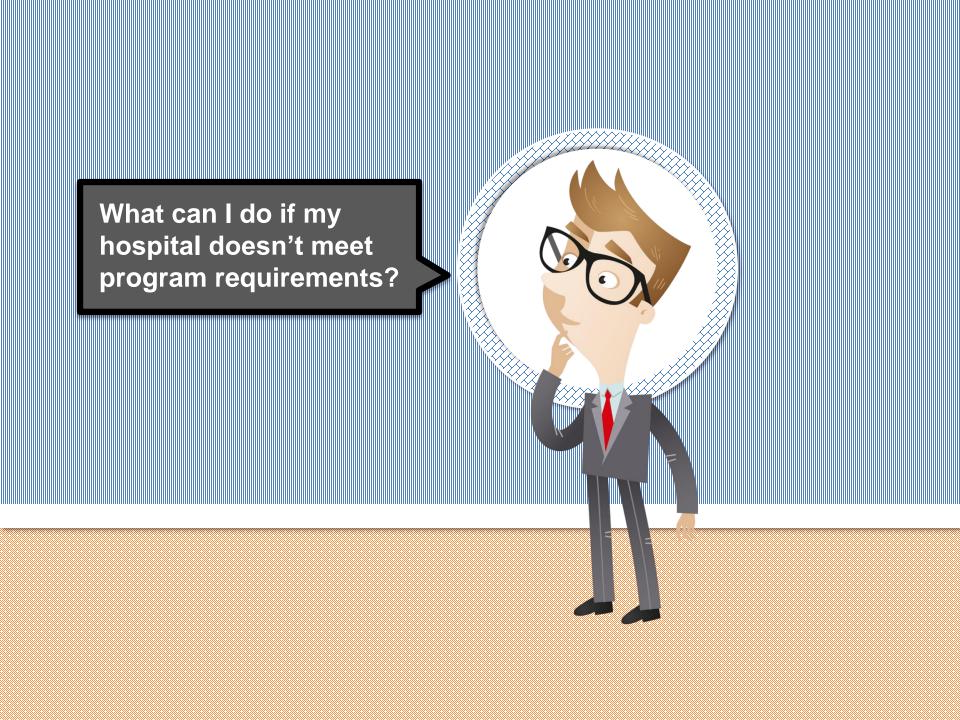
Timeline

Calendar Year 2020 Payment Determination

Validation Encounter Dates	Validation Encounter Quarters
January 1—March 31, 2018	Q1 2018
April 1—June 30, 2018	Q2 2018
July 1—September 30, 2018	Q3 2018
October 1—December 31, 2018	Q4 2018

Must-Do List

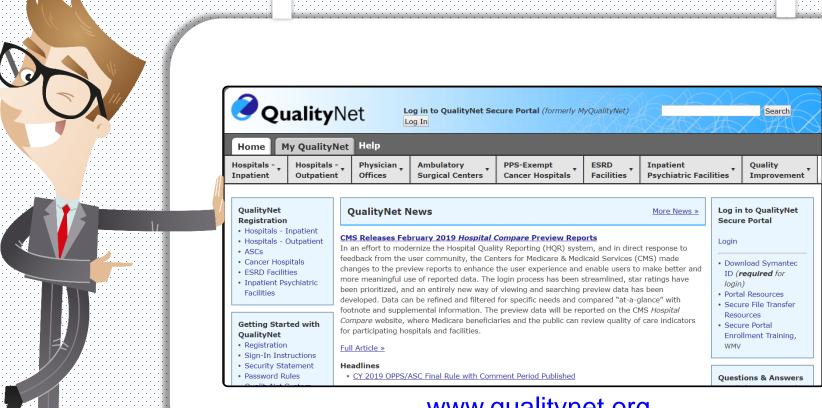
- 1. Register with QualityNet
- 2. Identify and maintain a QualityNet Security Administrator
- Collect chart-abstracted clinical data for each quarter and submit these data by the deadline
- Collect data for measures to be submitted via a web-based tool and submit these data by the deadline



Reconsideration Process

- Process is available for hospitals that did not meet program requirements
- Reconsideration Requests must be submitted by the deadline
- Hospitals submitting Reconsideration Requests are eligible to file an appeal with the Provider Reimbursement Review Board (PRRB)

The QualityNet Website



www.qualitynet.org

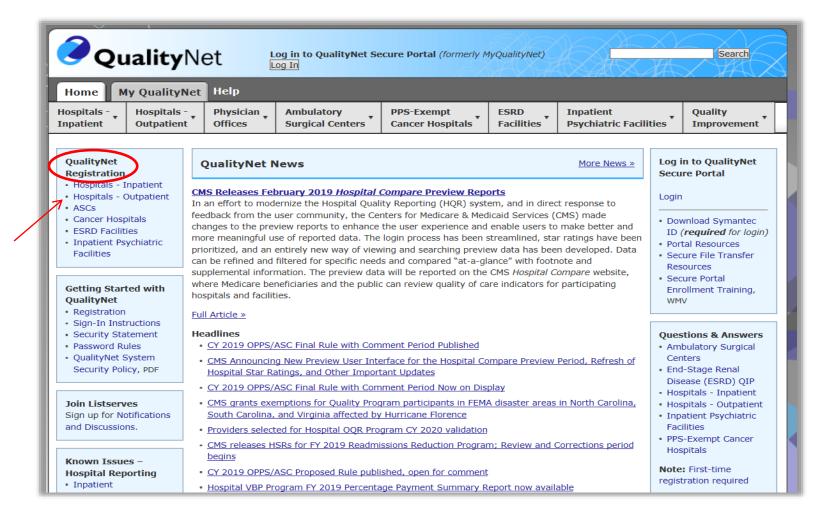
Security Administrator (SA)

- Submits data via the Secure Portal
- Facilitates registration process for other users
- Creates, edits, and/or terminates QualityNet user accounts
- Monitors QualityNet usage to maintain proper security and confidentiality
- Serves as the point of contact for information regarding QualityNet
- Accesses secure reports via the Secure Portal

Basic User

- Any user not designated as an SA or Security Designee is considered a Non-Administrative or Basic User
- Access is determined by the SA or Security Designee

How to Register



Choose Your Option

Registration

- QualityNet
- Hospital Outpatient Quality Reporting
 Program Participation

Getting Started with QualityNet

- Registration
- Sign-In Instructions
- Security Statement
- · Password Rules
- QualityNet System Security Policy, PDF

Hospital QualityNet Registration Hospitals - Outpatient

All users requesting access to the QualityNet Secure Portal (formerly, *My QualityNet*) must be individually approved and verified. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the Secure Portal. The process begins with registration for a QualityNet account.

For QualityNet registration instructions, select your user classification below:

Security Administrator

The QualityNet Security Administrator facilitates the registration process for other users at the organization. Typically, an organization designates two Security Administrators. See the <u>Security Administrator Responsibilities</u> for a more complete list of duties. Providers submitting data (or using a vendor to submit data on their behalf) and accessing secured reports via the QualityNet Secure Portal are **required** to designate a Security Administrator.

Basic User

All other registered QualityNet users in an organization are considered basic users.

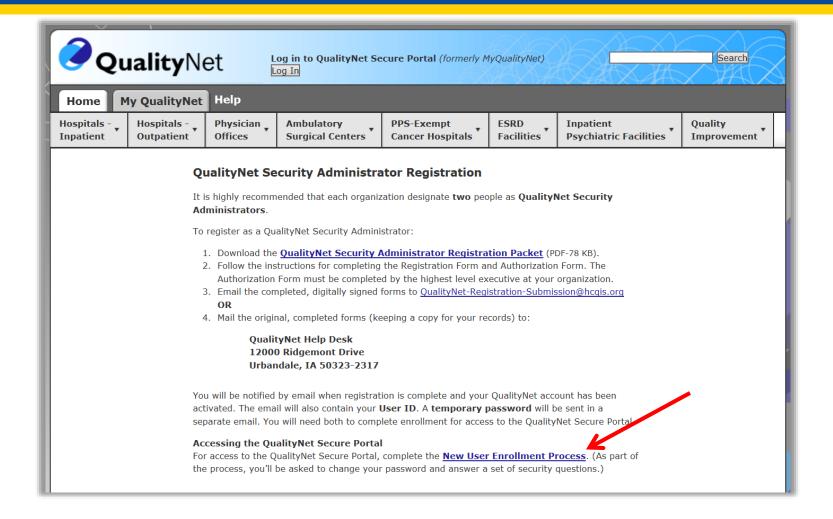
Data submission vendor

Joint Commission-certified Performance Measurement Systems or other third-party data submission vendors wishing to transmit data via the QualityNet Secure Portal must also register for a QualityNet account. Contact the QualityNet Help Desk to obtain a Vendor ID and initiate the registration process.

Healthcare systems

If you represent a healthcare system (comprising multiple providers), contact the <u>QualityNet Help</u> <u>Desk</u> to initiate registration for a QualityNet account.

New User Information



Enrollment

QualityNet Secure Portal

New User Enrollment

The QualityNet Secure Portal houses various applications for the Center for Medicare & Medicaid Services' (CMS's) quality reporting programs.

To access the portal, you must first complete registration as a **QualityNet user.** (Select the appropriate user community from the QualityNet Registration sidebar at the upper left of the QualityNet <u>Home page.</u>) After receiving your User ID and Temporary Password, sign in to the QualityNet Secure Portal to change your password and answer the security questions. The **User ID** and **Password** will be required for logging in to the portal.

Next, complete the New User Enrollment Process and first-time login procedure outlined below. (See Section 5 of the <u>QualityNet User Guide</u> for more detailed instructions.)

Enrollment, first-time login

To enroll for access to the QualityNet Secure Portal:

- From the <u>Symantec ID Protection Center</u>, download the Symantec <u>VIP Access Desktop application</u> to your computer, tablet, and/or smartphone. (Enter <u>m.vip.symantec.com</u> in the browser on your mobile device). This may require the approval and assistance of your organization's information technology staff. You will need the static Credential ID and the dynamic Security Code generated by this application to complete your enrollment.
- 2. Log in to the **QualityNet Secure Portal**
- 3. Click Start/Complete New User Enrollment in the yellow Help box.
- 4. Follow the six-step process to verify your identity. You will use the PreciseID service from Experian, an external service selected by CMS, to confirm your identity by providing personal information via a safe, encrypted process that, in turn, produces verification questions. (See the Experian PreciseIDSM website for more information on this verification process.)}
- After completing identity verification, enter the Credential ID and the Security Code (within 30 seconds) generated by the Symantec VIP Access application. This will link your QualityNet user ID to your Symantec VIP Access credential.

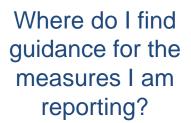
You may now log in to the QualityNet Secure Portal.

More information

For more detailed portal enrollment and login instructions, see the <u>QualityNet Secure Portal New User</u> Enrollment Training (WMV-20 min.) and Section 5 of the QualityNet User Guide (PDF-4 MB).

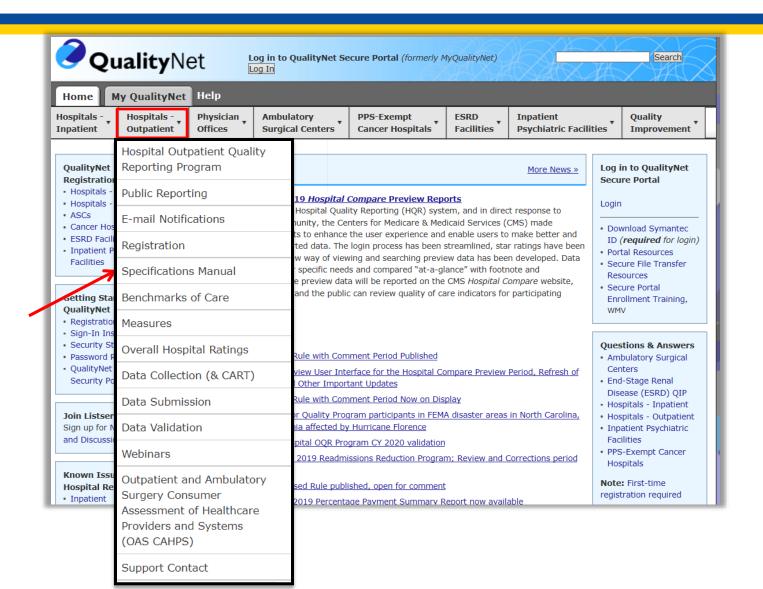
QualityNet Secure Portal Resources

- Secure Portal
- Resources
- New User Enrollment Process

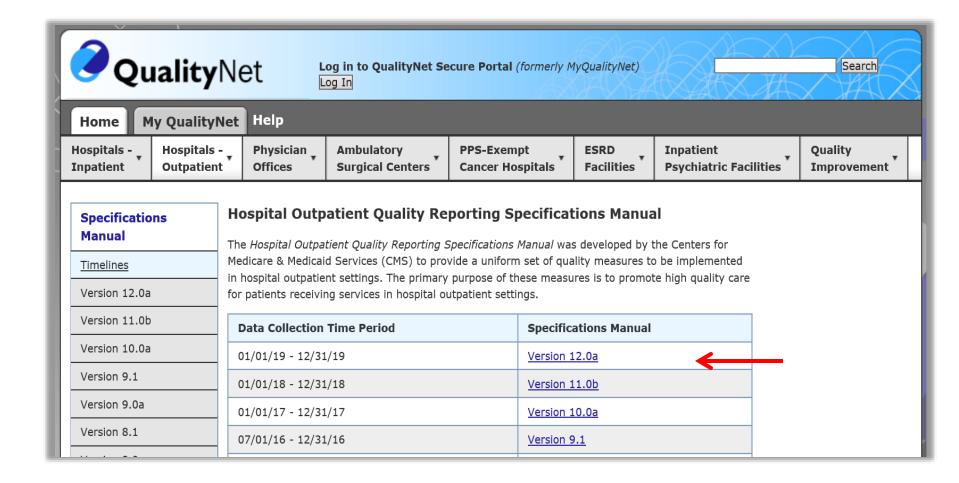




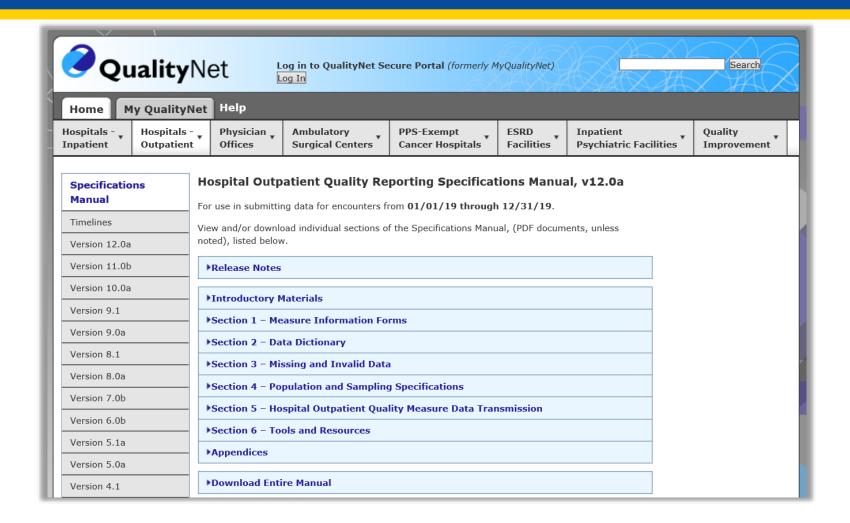
Locating the Specifications Manual



Choose a Version



Choose a Category



Where can I go if I have questions about the program?



• CY 2019 OPPS/ASC Final Rule with Comment Period Published

- · CMS Announcing New Preview User Interface for the Hospital Compare Preview Per Hospital Star Ratings, and Other Important Updates
- . CY 2019 OPPS/ASC Final Rule with Comment Period Now on Display
- · CMS grants exemptions for Quality Program participants in FEMA disaster areas in I South Carolina, and Virginia affected by Hurricane Florence
- · Providers selected for Hospital OQR Program CY 2020 validation
- · CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corr begins
- CY 2019 OPPS/ASC Proposed Rule published, open for comment

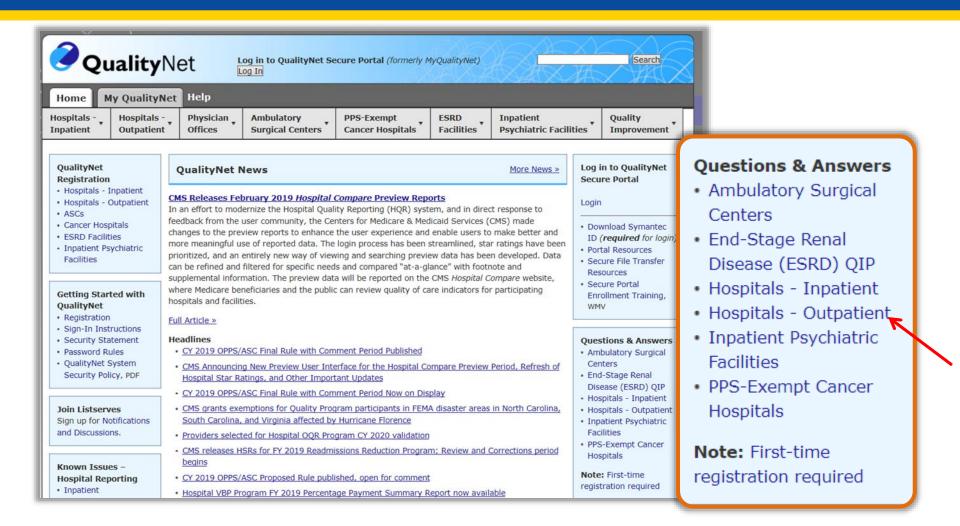
· Ambulatory Surgical Centers

Questions & Answers

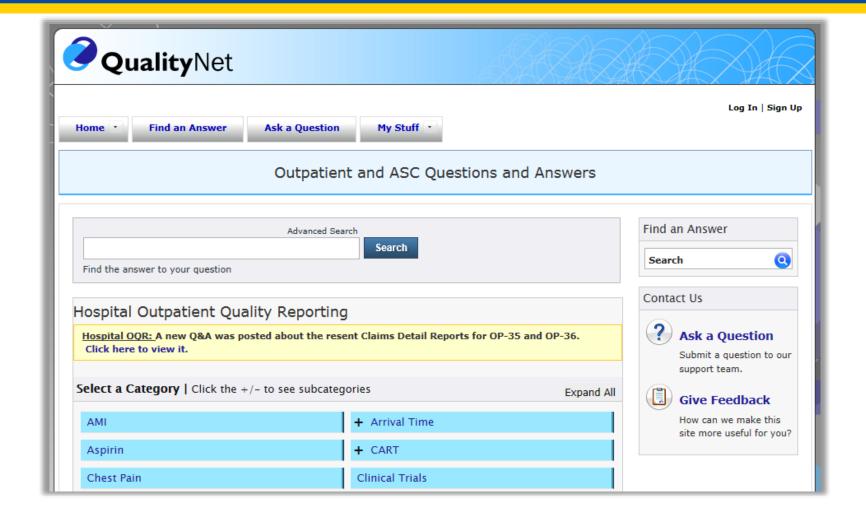
- End-Stage Renal Disease (ESRD) QIP
- Hospitals Inpatient
- · Hospitals Outpatient
- Inpatient Psychiatric Facilities
- PPS-Exempt Cancer Hospitals

Note: First-time registration required

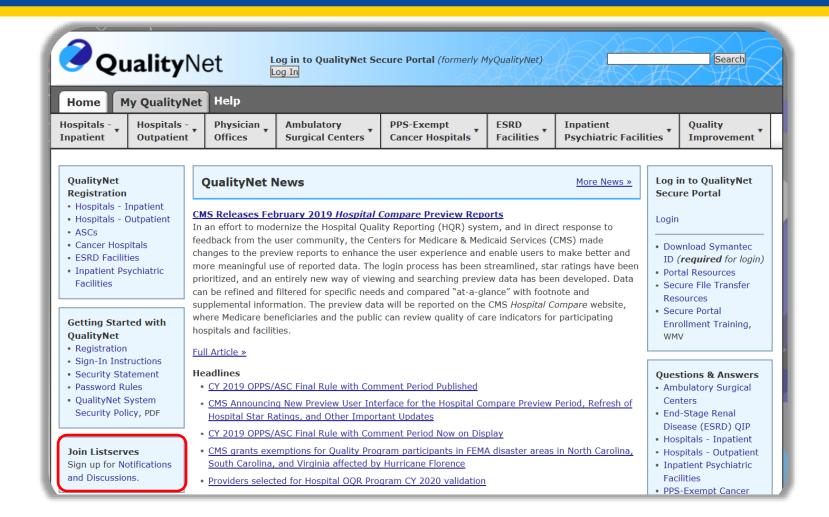
Ask a Question Anytime



Choose Your Program



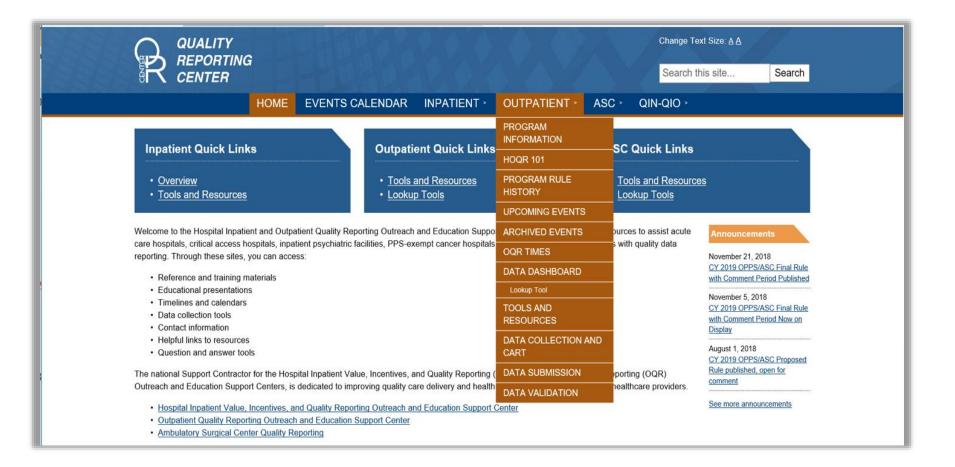
Listserve Notifications







From the Homepage



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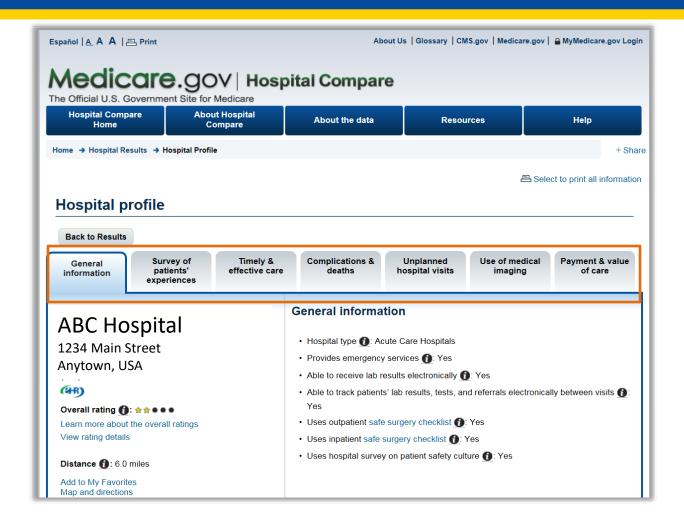


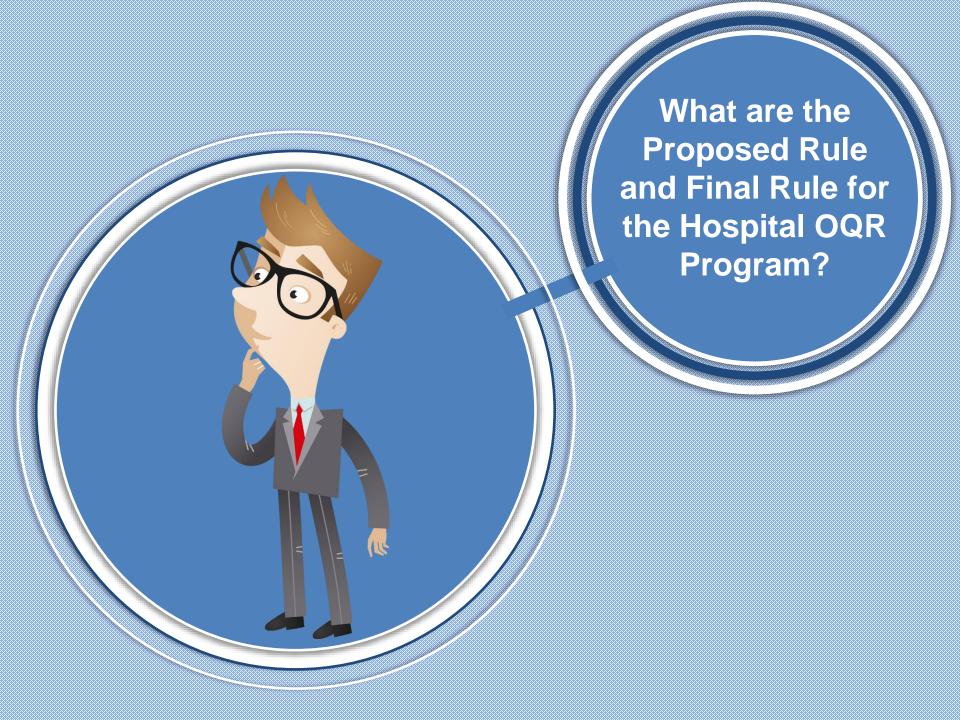
Where does my hospital's data go?

Hospital Compare Website



Data





CMS Rule Making

Proposed Rule

- Contains changes proposed for the Hospital OQR Program
- Released in July
- Public comment period opens

Final Rule

- Released in November
- Finalizes changes to the program

Federal Register

To access the Final Rule

- www.federalregister.gov
 - The Hospital OQR Program section begins on page 59080 of the Federal Register
- https://www.gpo.gov/fdsys/pkg/FR-2018-11-21/pdf/2018-24243.pdf

Removed Measure Reporting Dates

Measure	Last Time You Report
OP-5: Median Time to ECG	August 1, 2019 for Q1 2019 data
OP-9: Mammography Follow-up Rates	Claims through June 30, 2018
OP-11: Thorax CT – Use of Contrast Material	Claims through June 30, 2018
OP-14: Simultaneous Use of Brain CT and Sinus CT	Claims through June 30, 2018

Removed Measure Reporting Dates (cont.)

Measure	Last Time You Report
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their ONC-Certified EHR System as Discrete Searchable Data	May 15, 2019
OP-17: Tracking Clinical Results between Visits	May 15, 2019
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	May 15, 2018
OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	May 15, 2019



Checklist

- Identify and maintain a QualityNet SA
- Collect chart-abstracted clinical data for each quarter and submit these data by the deadline (CART or third party vendor)
- Collect data for measures to be submitted via a web-based tool (QualityNet) and submit these data by the deadline

Upcoming Deadlines

Measures to be reported with the next submission deadlines

- Clinical Data, reported quarterly
 - May 1, 2019: Q4 2018(October 1— December 31, 2018)
- Data includes: ED Throughput, Stroke, CP, and AMI

More Deadlines

- Web-Based measures, reported annually via the QualityNet Secure Portal
 - Due May 15, 2019 using the reporting period of January 1—December 31, 2018
- Data includes the measures: OP-12, OP-17, OP-22, OP-29, OP-30, OP-31 (voluntary), and OP-33

2/20/2019

Resources

- QualityNet website: www.qualitynet.org
 - Email Notifications
- Support Contractor website: <u>www.qualityreportingcenter.com</u>
- Have a question? Use the Questions & Answers tool: https://cms-ocsq.custhelp.com/
- Support Contractor Helpline: 866.800.8756

Questions



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your personal email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

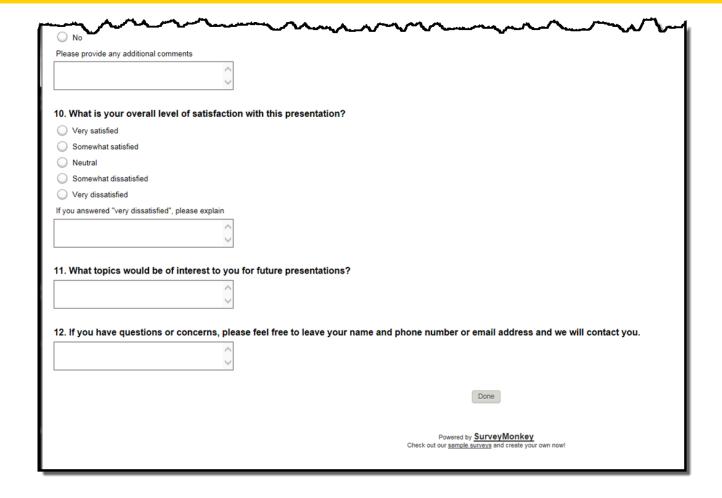
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CE Certificate Problems?

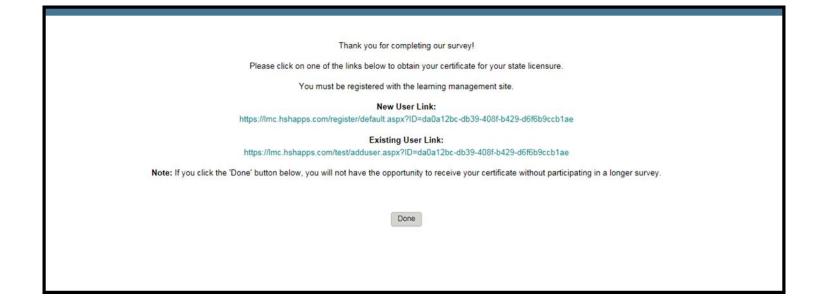
- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

55

CE Credit Process: Survey

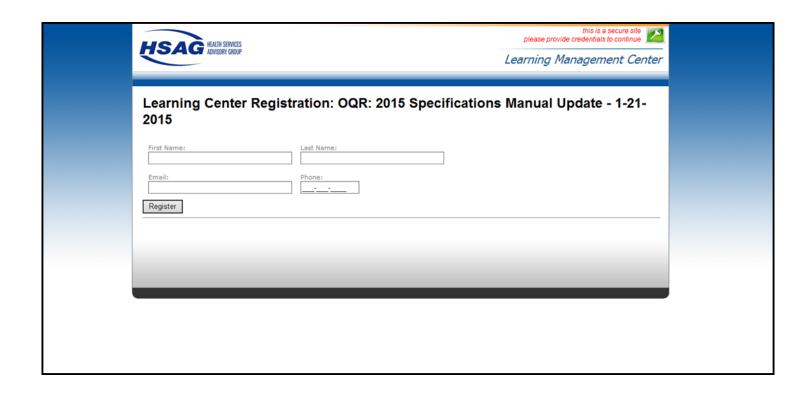


CE Credit Process

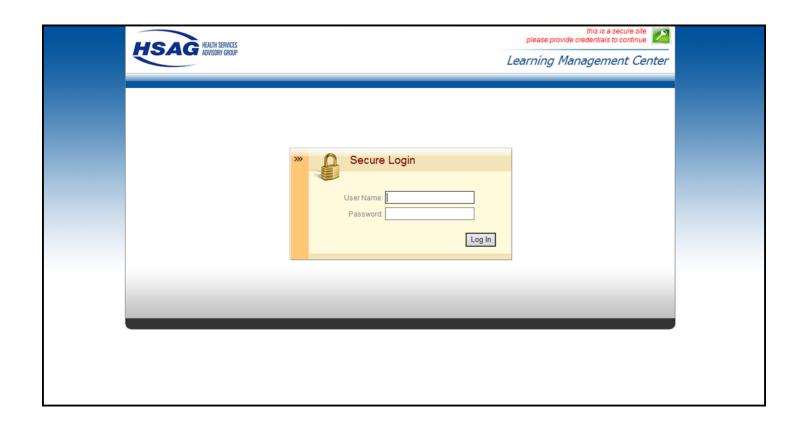


57

CE Credit Process: New User



CE Credit Process: Existing User



Thank You for Participating!

Please contact the Support Contractor if you have any questions:

 Submit questions online through the QualityNet Question & Answer Tool at <u>www.qualitynet.org</u>

Or

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