



Hospital Outpatient Quality Reporting (OQR) Program Requirements: CY 2015 OPPS/ASC Final Rule

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Hospital OQR Data Due Dates

- February 1, 2015, is the next submission deadline for Clinical Data and Population & Sampling from Q3 2014 (July 1 – September 30, 2014, encounters).
- The Clinical Data Abstraction Center (CDAC) is expected to mail requests for Q2 2014 (April 1 – June 30, 2014) by December 2014.

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Save the Date

Upcoming Hospital OQR Program educational webinars:

- December 2014 – No webinar
- January 21, 2015 – Specifications Manual Update

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Learning Objectives

At the conclusion of the program, attendees will be able to:

- Summarize key elements of the Hospital OQR Program;
- Locate the CY 2015 OPPTS/ASC Final Rule;
- Identify changes to the Hospital OQR Program related to the CY 2015 OPPTS/ASC Final Rule; and
- Provide feedback on changes, express concerns, and have questions answered.

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Hospital Outpatient Quality Reporting Program Requirements: CY 2015 OPPTS/ASC Final Rule



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CY 2015 Final Rule on Display October 31, 2014

- The CY 2015 Final Rule is available at: www.gpo.gov/fdsys/pkg/FR-2014-11-10/pdf/2014-26146.pdf.
- Section XIII. Hospital Outpatient Quality Reporting Program Updates
- Pages 66940-66966
- Please refer to the CY 2015 OPPTS/ASC Final Rule for complete information.

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Final Rule

- The 60-day public comment period for the CY 2015 OPPS/ASC Proposed Rule ended September 2, 2014.
- The CY 2015 OPPS/ASC Final Rule is effective with January 1, 2015, patient encounters.
- The 2015 Hospital OQR Specifications Manual, v. 8.0, is available at www.QualityNet.org.

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Hospital OQR Program Final Rule History

Effective January 1	Proposed or Final Rule	Federal Register (FR) Reference www.federalregister.gov
CY 2015	Final	79 FR 66769
CY 2014	Final	78 FR 75090
CY 2013	Final	77 FR 68467
CY 2012	Final	76 FR 74451
CY 2011	Final	75 FR 72099
CY 2010	Final	74 FR 60642
CY 2009	Final	73 FR 68772

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Participation



Previously Finalized Participation Requirements

- To participate, hospitals must:
 - Register with QualityNet;
 - Have and maintain a QualityNet Security Administrator;
 - Complete the online Notice of Participation; and
 - Collect and submit data.
- Once signed up, re-apply only if previously withdrawn
- Find program resources and requirements on QualityNet: www.qualitynet.org.

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Previously Finalized Notice of Participation Requirements: Resuming Hospitals

For those hospitals resuming in CY 2015 for the CY 2016 payment determination:

- Existing hospitals with a Medicare acceptance date before January 1, 2015:
 - Notice of Participation is due July 31, 2015.
 - Encounter date on submissions begins Q1 2015.
 - First submission deadline is August 1, 2015 (submit patient-level data to CMS).

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Previously Finalized Notice of Participation Requirements: New Hospitals


- New hospitals not currently participating
- Hospitals with a Medicare acceptance on or after January 1 of the year prior to the affected payment determination year:
 - Notice of Participation is due 180 calendar days from CASPER Medicare Acceptance Date.
 - First data submission for encounter dates begins with the first full quarter following Notice of Participation.

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Hospital OQR Program Measures



Topped-Out Measures


- Finalized criteria:
 - Statistically indistinguishable performance at the 75th and 90th percentiles and
 - Truncated coefficient of variation less than or equal to 0.10
- Removing a measure is on a case by case basis



Removal of Topped-Out Measures

CMS has removed two topped-out measures from the Hospital OQR Program, effective with the CY 2017 Payment Determination:

- OP-6: Timing of Antibiotic Prophylaxis
- OP-7: Prophylactic Antibiotic Selection for Surgical Patients



Proposed Removal of OP-4: Aspirin at Arrival for CY 2015

- CMS did not finalize the proposal to remove OP-4: Aspirin at Arrival.
- Performance for this measure is low in some hospitals; there is substantial evidence indicating that receiving aspirin is associated with better patient outcomes.
- OP-4 will be retained in the Hospital OQR Program requirements.

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Continued Deferral of OP-15: Use of Brain CT in the ED for Atraumatic Headache

- OP-15 continues to be deferred for public reporting (discussed in the OPPS/ASC CY 2012 Final Rule [76 FR 74456]).
- OP-15 is a claims-based measure.
- Hospitals are required to submit data as previously finalized.
- OP-15 will not be used in the CY 2016 payment determination.

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Delayed Data Collection for Previously Finalized Web-Based Measures OP-29, OP-30

- Implementation delayed until PY 2016
- Encounter period April 1, 2014 – December 31, 2014
- Submission period July 1 – November 1, 2015
- Data submission and encounter period for subsequent years remain as previously finalized (78 FR 75114).

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OP-31: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

- Excluded from the CY 2016 payment determination
- CMS finalized the proposal to voluntarily collect and submit data for OP-31 for the CY 2017 payment determination and subsequent years.
- Facilities will not be subject to payment reduction while the measure is voluntary.
- Data submitted voluntarily will be publicly reported.

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New Claims-Based Measure

OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- CY 2015 claims-based data will be collected for a dry run
- CMS finalized this measure for the CY 2018 payment determination

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CY 2017 Payment Determination: Measures Summary (1 of 4)

PY 2017 and Subsequent Years	Chart-Abstracted	Claims-Based	Web-Based	NHSN
OP-1: Median Time to Fibrinolysis	X			
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	X			
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	X			
OP-4: Aspirin at Arrival	X			
OP-5: Median Time to ECG	X			
OP-8: MRI Lumbar Spine for Low Back Pain		X		
OP-9: Mammography Follow-up Rates		X		

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CY 2017 Payment Determination: Measures Summary (2 of 4)

PY 2017 and Subsequent Years	Chart-Abstracted	Claims-Based	Web-Based	NHSN
OP-10: Abdomen CT – Use of Contrast Material		X		
OP-11: Thorax CT – Use of Contrast Material		X		
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data			X	
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non Cardiac Low Risk Surgery		X		
OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)		X		
OP-15: Use of Brain Computer Tomography (CT) in the Emergency Department for Atraumatic Headache		X		
OP-17: Tracking Clinical Results between Visits			X	
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	X			

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CY 2017 Payment Determination Measures: Summary (3 of 4)

PY 2017 and Subsequent Years	Chart-Abstracted	Claims-Based	Web-Based	NHSN
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional	X			
OP-21: ED- Median Time to Pain Management for Long Bone Fracture	X			
OP-22: ED- Left Without Being Seen	X		X	
OP-23: ED- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	X			
OP-25: Safe Surgery Checklist Use			X	
OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures			X	

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CY 2017 Payment Determination Measures: Summary (4 of 4)

PY 2017 and Subsequent Years	Chart-Abstracted	Claim-Based	Web-Based	NHSN
OP-27: Influenza Vaccination Coverage among Healthcare Personnel (reference period is Oct, 1 – Mar, 31; data submission is open Oct, 1 through May, 15, 2015)				X
OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients (first data submission is May 15, 2015)	X		X	
OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (first data submission is May 15, 2015)	X		X	
*OP-31: Cataracts – Improvements in Patient’s Visual Function within 90 days Following Cataract Surgery (not for CY 2015 payment; first data submission is May 15, 2015)	X		X	

*Implementation of OP-31 was previously delayed until January 1, 2015. Submission of this measure has been made voluntary; facilities are not subject to payment reduction while the measure is voluntary.


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Hospital OQR Program Data Submission and Deadlines By Data Type




General Requirements: Data Collection and Submission

- Reference OQR deadlines at: www.qualitynet.org.
- Data are to be submitted under the CMS Certification Number (CCN) under which the care was furnished.
- Submission deadlines are posted on the QualityNet website.
- Sampling methodology for patient-level data submitted directly to CMS is contained in the Specifications Manual on the QualityNet website.
- Sampling and Case Thresholds:
 - Five or fewer for any measure topic per quarter
 - Not required to submit, but may do so voluntarily



OQR Data Types

Data Type	Description	Mode of Submission
Chart-Abstracted	The hospital manually extracts these data from a universe of charts. The hospital follows specifications and sampling methodology available in the Specifications Manual on the QualityNet website.	CART tool/vendor -OR- Web-based tool (interface) in the secure portion of QualityNet
Population & Sampling	Hospital manually extracts from a universe of data.	CART tool/vendor
Claims-Based	CMS uses the CCN's paid, Fee-For-Service (FFS) claims.	OPPS claims process
Web-Based	Hospital answers questions about the facility operations, such as: yes/no, numerator/denominator, or numerical data.	Web-based tool (interface) in the secure portion of QualityNet



Deadlines for Chart-Abstracted Data Used For the CY 2016 Payment Determination

- Applicable Quarters:
 - 3rd Quarter CY 2014 through 2nd Quarter CY 2015 (i.e., July 2014 – June 2015)
- Submission Deadlines:
 - Approximately four months after the last day of each calendar quarter (e.g., services furnished during January – March 2015 [Q1] would be due on or around August 1, 2015)

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Previously Finalized Requirements for Population & Sampling Data

- Hospitals may voluntarily submit, on a quarterly basis, aggregate population and sample size counts for Medicare and non-Medicare encounters for the topic areas for which patient-level, chart-abstracted data are submitted directly to CMS.
- Deadlines for reporting these data are the same as for chart-abstracted data.
- CMS intends to use the aggregate population and sample size data to assess completeness of data submission for Medicare and non-Medicare patients.

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CY 2016 Data Periods: Claims-Based Data

- Claims-based measures reporting is calculated from paid Medicare FFS claims.
- CY 2016 payment determination will include such claims for services furnished from July 1, 2013 to June 30, 2014 (78 FR 75111).
 - CY 2017: July 1, 2014 to June 30, 2015
- This time period aligns inpatient and outpatient claims data displayed for measures of quality on the Hospital Compare website.

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CY 2018 Data Periods for Claims-Based Measure OP-32

- Claims data from January 1 – December 31, 2016, will be used to calculate OP-32.
- CMS finalized that data collection for OP-32 will consist of claims data from January 1 – December 31 of the calendar year two years prior to the payment determination year.

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Web-Based Measure Data Submission

Payment Determination	Reference Period	Submission Period	Finalized
CY 2014	Jan. 1 – Dec. 31, 2012	Jul. 1 – Nov. 1, 2013	77 FR 68483 – 68484
CY 2015	Jan. 1 – Dec. 31, 2013	Jul. 1 – Nov. 1, 2014	77 FR 68483 – 68484
CY 2016: OP-12, OP-17, OP-22, OP-25, OP-26	Jan. 1 – Dec. 31, 2014	Jul. 1 – Nov. 1, 2015	78 FR 75112 – 75115
CY 2016: OP-29, OP-30, OP-31*	Apr. 1 – Dec. 31, 2014	Jul. 1 – Nov. 1, 2015	78 FR 75112 – 75115

*Implementation of OP-31 was previously delayed until January 1, 2015. Submission of this measure has been made voluntary; facilities are not subject to payment reduction while the measure is voluntary.

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Web-Based Measures

- 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: ED- Left Without Being Seen
- OP-25: Safe Surgery Checklist Use
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

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Web-Based Measures

- OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Endoscopy/Polyp Surveillance: 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*
*Implementation of OP-31 was previously delayed until January 1, 2015. Submission of this measure has been made voluntary; facilities are not subject to payment reduction while the measure is voluntary.

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NHSN Reporting for the CY 2016 Payment Determination

- OP-27: Influenza Vaccination Coverage among Healthcare Personnel
- Finalized in the CY 2014 OP/ASC Final Rule (78 FR 75116 – 75117)
 - Centers for Disease Control and Prevention (CDC) data submission and reporting procedures through the National Healthcare Safety Network (NHSN) (www.cdc.gov/nhsn/enrollment/index.htm)
 - Data collection will be October 1, 2014 – March 31, 2015.
 - Data submission deadline is May 15, 2015.

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Hospital OQR Program Validation



Previously Finalized Procedures for Selecting Hospitals for Validation

- 450 randomly selected hospitals
- Additional 50 hospitals selected based on targeting criteria finalized previously
- Sample up to 48 cases (12 per quarter) per hospital
- Passing validation score $\geq 75\%$

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New Procedure for Selecting Hospitals for Validation

- Beginning CY 2015 encounter period, hospitals will be eligible for random selection for validation if they submit at least 12 cases to the Clinical Data Warehouse during the quarter containing the most recently available data.
- Recently available data will be defined based on when the random sample is drawn.

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Documentation Submission Requirements For CY 2017 Payment Determination

- Hospitals may submit medical record charts for validation either by paper record or using secure electronic methods.
- Electronic submission: download the digital image onto an encrypted CD, DVD, or flash drive, or submit through the QualityNet Secure File Transfer.
- Due to the evolution of the structure of the QIO program, hospitals must identify the medical record staff responsible for submission of records under the Hospital OQR Program to the designated CMS contractor.
- This contractor may be different from the state QIO.

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**Hospital OQR Program
Annual Payment Determination**




**Payment Reduction for Hospitals That
Fail to Meet Hospital OQR Requirements**

- A 2% reduction is applied to the annual payment update factor for hospitals not meeting requirements.
- Any reduction applies only to the payment year involved.
- Not all services are subject to the annual payment update:
 - The application of the reduction results in reduced national unadjusted payment rates that apply to certain items and services provided by hospitals required to report outpatient quality data.

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Special Circumstances



Extension or Exception Process

- Terminology change: Extraordinary Circumstances Extensions or Exemptions process
- A hospital or facility may apply for all applicable quality reporting programs at the same time. Hospitals make these requests following the instructions on www.qualitynet.org.
- Reconsideration Requests must be submitted by the first business day in February of the affected payment year.
 - For example, for the CY 2015 payment determination, the form would have to be submitted by February 2, 2015.
- CMS may proactively grant an extension or exemption due to special circumstances.

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Hospital OQR Program Public Reporting



Publication on Hospital Compare Previously Finalized

- Data are published by CCN.
- Multiple campus data are combined by CCN.
- Currently at www.hospitalcompare.hhs.gov
- CMS data are also downloadable at <https://data.medicare.gov>.

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Hospital OQR Program Measures Process



Measures Under Consideration Available to the Public

- Measures Under Consideration – “MUC”
- The Department of Health and Human Services (HHS) has a statutory obligation to make a list of MUC publicly available by December 1 each year.
- If a measure is not on the MUC list, it cannot be proposed in the upcoming rulemaking cycle.
- To read about this process, please refer to 78 FR 75096 (CY 2014 OPPS/ASC Final Rule).



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How to View the MUC List

- The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) that posts the MUC list.
- The MAP home page and the MUC list are found at this link:
www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx.



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Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

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CE Credit Process

- Complete the WebEx survey you will receive by email within the next 48 hours.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.
- Additional details are available at:
www.oqrsupport.com/hospitaloqr/education_continuing.

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Thank You For Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Hospital OQR Support Contractor at 866-800-8756.

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